MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11342

Reg. Dist. No. 3-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly X; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale X; STREET ADDRESS (If rural give location) 5603 - Kennedy - St

3. NAME OF DECEASED: (Type or Print) (First) Douglas (Middle) Loveland (Last) Abbott, SR.

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-4-1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Operating Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Ill. "

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Walker Abbott

14. MOTHER'S MAIDEN NAME: Bertha Conde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Douglas L. Abbott, Jr - 4515 Sheridan St, Riverdale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4320.0 Immediate cause	(a) Cerebral Vascular Accident	6 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Congestive Heart failure	1 year
	DUE TO (c) Arteriosclerotic Hart Disease	14 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to Nov 11, 1953, that I last saw the deceased alive on Nov 11, 1953, and that death occurred at 10 25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S. Miller M D — ADDRESS Mt Rainer — DATE SIGNED Nov 13 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 14 53 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery — LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Md

DATE REC'D BY LOCAL REGISTRAR 11/13/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co — ADDRESS Riverdale, Md

VS-A15

RECEIVED
NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11343

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly (Capitol Heights) — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmitt Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY P. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
STREET ADDRESS (If rural give location) 5420 Carter Lane

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) Virginia (Last) BAINES

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 30 July

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Clay Browning

14. MOTHER'S MAIDEN NAME: Ella Courthouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Dorothy B. Baines Daughter Same as #?

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage — Interval Between Onset And Death: 4 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive cardio vascular renal disease — 5 yrs

DUE TO

(c)

442 X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, to NOV 5 '53, 19..., that I last saw the deceased alive on 5 Nov, 1953 and that death occurred at 9:45 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas Battaglia, M.D. — ADDRESS 2200 R.I. ave N.E. Wash. 18, D.C. — DATE SIGNED NOV 5 '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9 Nov. 1953 — NAME OF CEMETERY OR CREMATORY Mt. Lincoln Cemetery — LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR 11-6-53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR B. Dorsch's Sons — Hyattsville, Md. — ADDRESS

VS. A12

RECEIVED
NOV 12
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11344

CERTIFICATE OF DEATH

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights
STREET ADDRESS (If rural give location) 6114 C St. S.E.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) B. (Last) Barrett
4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-7-95
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (State or foreign country): D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John W. Barrett
14. MOTHER'S MAIDEN NAME: Susie V. Florence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-01-7998
17. INFORMANT & ADDRESS: Richard A. Barrett 202 Varnum St. N.W. Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
501X Immediate cause	(a) Congestive heart failure	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Viral Bronchitis	1 Week
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1953, to Nov 1, 1953, that I last saw the deceased alive on Oct 31, 1953, and that death occurred at 6 30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. Suit Ritchie M.D.	7005 Ritchie Road S.E. Wash 27 D.C.	11/3/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	11/4/53	Addison Chapel	Seat Pleasant, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 3, 1953	Carrie F. Campbell.	W. W. Chambers Co.	517-11th St SE Wash., D.C.

VS. A

RECEIVED
NOV 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11345

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

COUNTY Prince George MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly X

LENGTH OF STAY (in this place) 4 Days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Pr. Geo.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights. X

STREET ADDRESS (If rural give location) 6006 Sheriff Road.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Barrier

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 4, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Barrier

14. MOTHER'S MAIDEN NAME: Matilda Shankle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 579-09-9183

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) PULMONARY CARCINOMATOSIS

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 40 a.m., from the causes and on the date stated above.

SIGNATURE Henry R. Wolfe (Degree or title) M.D. ADDRESS 5603 Chillum Heights Ave DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-21-1953 NAME OF CEMETERY OR CREMATORY Paynes LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 11/17/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR H. L. Washington & Sons ADDRESS 467 N St. S.W. Wash. 1, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11346

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) 1/3
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) R.F.D. # 2

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) O (Last) Becraft

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: 2-1-06 — 9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician & Salesman Electronics — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Becraft — 14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Deloles Athey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

929.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Laurel — (COUNTY) P. G. — (STATE) Md.

TIME OF INJURY (Month) 11 (Day) 2 (Year) 53 (Hour) 11:30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Drowned in bath Tub

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. M.C. Egm. — Hyattsville, Md — 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 5 1953 — NAME OF CEMETERY OR CREMATORY Union Cemetery — LOCATION (City, town, or county) (State) Bladensburg, Md

DATE REC'D BY LOCAL REG. Nov 3 - 1953 — REGISTRAR'S SIGNATURE M. Bradshaw — 24. FUNERAL DIRECTOR — ADDRESS DeWitt Donaldson Laurel, Md

VS-15A

RECEIVED
NOV 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11347

Reg. Dist. No. 1265

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3900 R.I. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 4505-34th Street

3. NAME OF DECEASED: (Type or Print) (First) Vincent (Middle) A. (Last) Bellucci

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb. 11 1919
9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Hair Cutting & Shaving
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eleuterio Bellucci
14. MOTHER'S MAIDEN NAME: Angioline Cifferida

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 579-12-6347
17. INFORMANT & ADDRESS: Genevieve B. Bellucci 4505-34th St. Brentwood, Md. Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41-x

Immediate cause (a) Acute Congestive Failure — Interval Between Onset And Death 11-16-53

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Heart Disease

DUE TO

(c) Aortic + Mitral Lesions.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1949, to 11/16, 1953, that I last saw the deceased alive on 11/16, 1953, and that death occurred at 8:10 pm, from the causes and on the date stated above.

SIGNATURE George J. Hageage (Degree or title) 3717-38 Ft. Ave. ADDRESS Cottage City, Md. DATE SIGNED 11/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/19/53
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 18 1953
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Walley's Funeral Home, Inc. ADDRESS 3200-R.I. Ave. Mt. Rainier, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.

Vincent NOA Bellucci

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11348

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 mo. - 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colmar Manor
STREET ADDRESS (If rural give location) 4206 - Newark Rd.

3. NAME OF DECEASED: (Type or Print) (First) Baby Boy (Middle) (Last) Branzell
4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 1953
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 12 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John F Branzell
14. MOTHER'S MAIDEN NAME: Dorothy M. Schlieter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.5

Immediate cause (a) Erythroblastosis & Prematurity — Interval Between Onset And Death 32 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple pregnancy (Twins)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 9:15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles C. Hageage M.D. ADDRESS Mt. Rainier, Md. DATE SIGNED 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov 16, 1953 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/16/53 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha sons ADDRESS Hyattsville Md

2203314323

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
NOV 17
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11349

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ELEVEN CEDARS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGE.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE X
STREET ADDRESS (If rural, give location) 5800 CRESTWOOD DR.

3. NAME OF DECEASED: (Type or Print) (First) PAULINE (Middle) ROSALIE (Last) BIXLER

4. DATE OF DEATH: (Month) NOV (Day) 23 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 20. 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: CHARLES F GRABER
14. MOTHER'S MAIDEN NAME: ADELINE YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: JOHN W. STEPP 5800 CRESTWOOD DR. RIVERDALE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

			Interval Between Onset and Death
Immediate cause	(a)	Hypertensive Cardiovascular Disease	12 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiac asthma.	8 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1953, to 11-23, 1953, that I last saw the deceased alive on 11-23-53 19....., and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE R H Bauer (DEGREE OR TITLE) M.D. ADDRESS Hyattsville, Md. DATE SIGNED 11-23-53

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION. DATE THEREOF 11-24-53 NAME OF CEMETERY OR CREMATORY ARLINGTON NAT. LOCATION (City, town, or county) (State) ARLINGTON VA.

DATE REC'D BY LOCAL REG. Nov. 23 1953 REGISTRAR'S SIGNATURE Mrs. Jas. Stevens Deputy Mr John L Smith Local.
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901 14th St N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11350

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 4106 31st St

3. NAME OF DECEASED: (Type or Print) (First) Alda (Middle) May (Last) Black
4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: 4-16-85
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Amityville New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alonzo Ketchum
14. MOTHER'S MAIDEN NAME: Mary Ferguson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Elizabeth Lilley 4106-31st Street, Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 153X (a) Carcinoma of Transverse Colon c̄ Massive Intestinal Hemorrhage - Uremia — Interval Between Onset And Death 12 hrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1953, to 11-1, 1953, that I last saw the deceased alive on 11-1, 1953, and that death occurred at 4 40 Am, from the causes and on the date stated above.

SIGNATURE George Hagenage MD (Degree or title) 3717-3 88th Ave Cottage City Md ADDRESS DATE SIGNED 11-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/4/53
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Pr. Geo. Md.
DATE REC'D BY LOCAL REGISTRAR 11/4/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley's Funeral Home, Inc. ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV
BUREAU V. S.

Film#G159 Item # 11, 12 11/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11351

CERTIFICATE OF DEATH

Reg. Dist. No. 23'

MARGIN RESERVED FOR BINDING. RELEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.O.A.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E. (Last) BRANFORD

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D

8. DATE OF BIRTH: 7/23

9. AGE last birthday: 29 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Collington, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHAS. BRANFORD

14. MOTHER'S MAIDEN NAME: CARRIE SNOWDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: CARRIE BRANFORD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331/X Immediate cause (a) Cerebrovascular Accident — Interval Between Onset and Death: 4 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Malignant Hypertension — 15 Months

(c) Essential Hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19.49, to Oct 30, 19.53, that I last saw the deceased alive on Oct. 30, 1953, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

SIGNATURE: D. R. Conner (Degree or title) M.D. ADDRESS W. 9th St. Bowie, Md DATE SIGNED 11/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 11-7-53 NAME OF CEMETERY OR CREMATORY: John T. Stewart LOCATION (City, town, or county) Wash D C (State)

DATE REC'D BY LOCAL REG. 11/7/53 REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: John T. Stewart ADDRESS 30th & M

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12752234

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Prince George

City or town: Accokeek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Accokeek

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Elizabeth Brawner

3. (b) Social Security Number

4. Sex: F

5. Color or race: C.

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or ~~wife~~: Julian Brawner

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): May 15, 1892

8. AGE: Years: 61 Months: 6 Days: — If less than one day: hrs. min.

9. Birthplace: Pomonkey, Charles Co. Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Joe Brooks

13. Birthplace: Charles Co. Md.

14. Maiden name: Hannah Jenkins

15. Birthplace: Charles Co. Md.

16. Informant: Oscar J. Brawner

Address: Accokeek, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 18, 1953 (month) (day) (year)

Cemetery or crematory: Saint Marys.

Location: Piscataway, Md

18. Funeral director: Hunter Ryan

Address: Waldorf

19. 11-17 1953 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 15 1953 at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1951, to — 1953 and that I last saw her alive on Sept. 1953

Immediate cause of death	DURATION
Due to: Chr. Cardiac Disease	
Arthritis	
Due to:	
Other conditions: 424	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George E. Bicknell M.D. M. D. or coroner

Address: Marlboro Md Date signed: Nov. 15, 1953

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V. 45 9-45-15M

RECEIVED
BUREAU V. S

11353 234

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7800 Allentown Rd S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) 7800 Allentown Rd S.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Elizabeth Ellen Bricherd

4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6-3-1868
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own
11. BIRTHPLACE (State or foreign country) Seabrook, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Webster Middleton
14. MOTHER'S MAIDEN NAME Sarah Ann Rudgron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT Marjory King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443 X Immediate cause	(a)	Cardiac Decompensation	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Myocardial Degeneration	2 yrs.
	(c)	Hypertension	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to Nov. 8, 1953, that I last saw the deceased alive on Nov. 8, 1953 and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Anna Coyne Todd, M.D. 7519 Broadview Rd S.E. 11/8/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/11/53
NAME OF CEMETERY OR CREMATORY Perkins Chapel
LOCATION (City, town, or county) Springfield Md (State)
DATE REC'D BY LOCAL REG. 11/9/53
REGISTRAR'S SIGNATURE Amanda L. Dorney
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

11-14-53 Agnes M. Yingling Howard Beall mub.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS 35

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11354

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (Last) Brown

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1953

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep
8. DATE OF BIRTH: ?
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unemployed.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 416X
(a) Rheumatic Heart Disease
DUE TO c Cerebral Embolism + Auriculae Fibrillation.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: several years of R.H.D.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1953, to 11-2, 1953, that I last saw the deceased alive on 11-2, 1953, and that death occurred at 11 55 Am from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Woodlawn Cemetery DATE SIGNED Washington, D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/6/53
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REGISTRAR 11/3/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR John T Stewart ADDRESS 30 H NE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
NOV 9 1 3
BOARD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11355

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillendale Rest Home Riggs Rd Hyattsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park Md X
STREET ADDRESS (If rural give location) 9518-49th Place

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Carpenter
4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 9-1865
9. AGE last birthday: 88 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, [redacted] Retired Printer
10b. KIND OF BUSINESS OR INDUSTRY: Govt Printing Office
11. BIRTHPLACE (State or foreign country): ALABAMA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elizar Carpenter
14. MOTHER'S MAIDEN NAME: Mary Mackleroy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted]) None
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. C. G. Snell 9518-49th Pl College Park, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1952, to Nov 27, 1953 that I last saw the deceased alive on Nov 24, 1953, and that death occurred at 2:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. Etienne M.D. | ADDRESS College Park, Md | DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 1, 1953 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR Nov 29 1953 | REGISTRAR'S SIGNATURE James Devery | 24. FUNERAL DIRECTOR ADDRESS F Gasch's sons, Hyattsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 215

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11356

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park. X
STREET ADDRESS (If rural give location) 10161 Baltimore Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Elvira (Middle) (Last) Carper

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 5, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Earnest L. Carper College Park Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral compression

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebro vascular accident and

DUE TO

(c) subdural hemorrhage - Cerebral arteriosclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Brain tumor

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7.00 a.m., from the causes and on the date stated above.

SIGNATURE John Maloney, M.D. H. R. Wolfe, Jr. (Degree or title) M.D. Dep. Med. Examiner Prince George's Gen. Hosp. ADDRESS Hyattsville, Md. DATE SIGNED 11/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 16. 1953
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Bladensburg Md (State)

DATE REC'D BY LOCAL REGISTRAR 11/16/53
REGISTRAR'S SIGNATURE Amanda Sweeney
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 246

RECEIVED
NOV
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11357

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Pr. Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3407 Varnum St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pr. Georges COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood, Md.
STREET ADDRESS (If rural, give location) 3407 Varnum St

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mary Gwynn Claggett

4. DATE OF DEATH: (Month) (Day) (Year) Nov 9 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow ~~married~~
8. DATE OF BIRTH: Sept 24 1862
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maddox, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Henry Slye
14. MOTHER'S MAIDEN NAME: Georgia Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Philip A. Claggett - 3407 Varnum St. Brentwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary - Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arterio-Sclerosis years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to 11/9, 1953 that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 5.50 a.m., from the causes and on the date stated above.

SIGNATURE Leland S. Madden, M.D. (DEGREE OR TITLE) ADDRESS 1831 Varnum St. N.E. Washington 18, DC. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 11/12/53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. Nov 9, 1953 REGISTRAR'S SIGNATURE Mrs Jas. Severe / Deputy Registrar 24. FUNERAL DIRECTOR Lee Funeral Home - 300 - 4th St. N.E. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSCA15 8-51

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11358

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLSIDE
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY PRINCE GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HILLSIDE
STREET ADDRESS (If rural, give location) 4907-0 ST. SE

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) DAVIDSON (Last) CUTTS

4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 2 1898
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Taylor & Co
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jerry Cutts
14. MOTHER'S MAIDEN NAME Emma Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW
16. SOCIAL SECURITY No. 263-03-2950
17. INFORMANT Doris Cutts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlussion — INTERVAL BETWEEN ONSET AND DEATH: acute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease — 2 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1953, to Nov 19, 1953, that I last saw the deceased alive on Nov 15, 1953, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest E. Camelsen, MD
ADDRESS 4400 Bowen Rd. S.E.
DATE SIGNED 11-19-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 21 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Nov 21-53
REGISTRAR'S SIGNATURE Carrie J. Campbell
24. FUNERAL DIRECTOR W W Chambers Co
ADDRESS 517-11 St SE Wash DC

OK by Dr. Boyd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 15

NOV 24 1953
BUREAU V. S.

11359
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4801-Calvert Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 4801-Calvert Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Dewey (Last) Darcy
4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 9, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alonzo G. Darcy
14. MOTHER'S MAIDEN NAME: Kate V. Frye
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-05-2372
17. INFORMANT & ADDRESS: Viola G. Ryon - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
9744
Immediate cause (a) Strangulation
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hanging
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home
21c. (City or town) College Park — (County) Pr. Geo. — (State) Md.
21d. TIME OF INJURY (Month) 11 (Day) 24 (Year) 53 (Hour) A. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Suicide by hanging

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 28, 1953
NAME OF CEMETERY OR CREMATORY Forestville Memorial Cemetery
LOCATION (City, town, or county) Forestville (State) Md

DATE REC'D BY LOCAL REG. Nov 25, 1953
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR F. Gudelisons
ADDRESS Hyattsville Md

VS-15A-5-53

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11360

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural)
LENGTH OF STAY (in this place) 1 yr., 2mos. and 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY –
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5000 14th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) E (Last) DAVISON

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9/5/1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Saleswork
10b. KIND OF BUSINESS OR INDUSTRY: Hawkins Engineering Co. / Richmond, Va.
11. BIRTHPLACE (State or foreign country): Noonanburg, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George J. Davison
14. MOTHER'S MAIDEN NAME: Virginia Pennell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) –
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X Immediate cause (a) Ruptured Aneurysm of Abdominal Aorta. — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(002X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pulmonary tuberculosis — 18 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1952, to 11-2, 1953, that I last saw the deceased alive on 11-2, 1953, and that death occurred at 9:30 a.m. from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinecane (Degree or title) M. D. ADDRESS Glenn Dale Hospital Glenn Dale, Md. DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF NOV. 5 1953
NAME OF CEMETERY OR CREMATORY NATIONAL MEMORIAL PARK
LOCATION (City, town, or county) FALLS CHURCH (State) VIRGINIA

DATE REC'D BY LOCAL REGISTRAR 11/2/53
REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR The S. H. Hines Co. 2901 14th St N.W.
ADDRESS D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1953
BUREAU V. S.

Item #1, FilmG159, 12/4/53, mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11361

Reg. Dist. No. 234

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest Heights
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest Hgts
STREET ADDRESS (If rural give location) 5819-24th ave

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Henry (Last) Dew
4. DATE OF DEATH: (Month) Nov (Day) 27, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 10, 1918
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Wire house Supt
10b. KIND OF BUSINESS OR INDUSTRY: West Natl Airport
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Dew
14. MOTHER'S MAIDEN NAME: Alma Schinkel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 181-01-9805
17. INFORMANT & ADDRESS: Winifred M Dew 5819-24th ave Hillcrest Hgts Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) acute myocardial infarction — Interval Between Onset And Death: 3 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 3 hours

DUE TO (c) Hypertension, essential — 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1953, to Nov 27, 1953 that I last saw the deceased alive on 11-27, 1953 and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) David S. Gordon, MD. ADDRESS 5731 23rd Parkway SE DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-30-1953 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 27-53 REGISTRAR'S SIGNATURE Howard I Beall
24. FUNERAL DIRECTOR Robert A Mattingly ADDRESS 131-11th St SE Wash D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
BUREAU V. S.

11362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 239

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Street - In front of White's Texaco Station - Rt 1 - Laurel, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 708 - Washington Boul.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Edward - Stanley Dickowski

4. DATE OF DEATH (Month) (Day) (Year) 11 - 27 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 12-5-1926
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Horse-trainer
10b. KIND OF BUSINESS OR INDUSTRY: Race horse
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: Joseph Dzietzczyk
14. MOTHER'S MAIDEN NAME: Helen Duszak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes - 11-16-50 to 1-30-53
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Compound - comminuted fractures of bones
DUE TO
(c) of skull and face & both legs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
21c. (City or town) (County) (State) Laurel - Pr. Geo - Maryland
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-27-53 10:15 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Pedestrian. Struck by auto while crossing street

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12-1-1953
NAME OF CEMETERY OR CREMATORY St Joseph Cemetery
LOCATION (City, town, or county) (State) Chews Landing N. J.
DATE REC'D BY LOCAL REG. Nov 28, 1953
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

rec 1-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A-5-53

RECEIVED
DEC 3 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5969 Rollins Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 29 - 7th St, N.E.

3. NAME OF DECEASED (Type or Print) (First) LE ROY (Middle) ERICKSON (Last) DOVE

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 16 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY 14, 1898
9. AGE last birthday 55 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Emergency Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Public Transit
11. BIRTHPLACE (State or foreign country) Anne Arundel County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Emory Dove
14. MOTHER'S MAIDEN NAME Sally Ann Walker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs. Ethel La Barde - 8124 - Lockney Ave Tahoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 7 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1953, to Nov 16, 1953, that I last saw the deceased alive on Nov. 15, 1953, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE William Brainin (Degree or title) MD ADDRESS 6124 Central Ave, Capitol Hgts, Md DATE SIGNED 11/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 18/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Prince Georges Co Md. (State)
DATE REC'D BY LOCAL REG. Nov 17-53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 5 [illegible] St Wash DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1953

BUREAU V. S.

11364

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5824-32nd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5824-32nd Ave.

3. NAME OF DECEASED: (Type or Print) (First) Vincent (Middle) Howard (Last) Dubinsky
4. DATE OF DEATH (Month) 11 (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7-21-22
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Naval Ordnance
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Dubinsky
14. MOTHER'S MAIDEN NAME: Pearl Druggan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 191-12-5868
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

976.x Immediate cause (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gunshot wound of head.
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Hyattsville (County) Pr. Geo. (State) Maryland
21d. TIME OF INJURY (Month) 11 (Day) 11 (Year) 53 (Hour) 8 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Self inflicted 45 cal. automatic

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Nov 13 1953
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR Francis Fuchs Sons
ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-A-5-53

K- ... EU
JUL 1 ...
...UREAU ...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11365

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Ga.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro Rural
STREET ADDRESS (If rural give location) Largo Road

3. NAME OF DECEASED: (Type or Print) (First) Baby Girl (Middle) (Last) Euwer
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 13 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 39

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Cary Euwer
14. MOTHER'S MAIDEN NAME: Mary Jane Stanley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Cary Euwer Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
770.0
Immediate cause (a) Erythroblastosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 39 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13/53, 1953, to 11/13, 1953, that I last saw the deceased alive on 11/13, 1953, and that death occurred at 9:10 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert S. McCenay Jr. M.D. ADDRESS 402 Main St Laurel, Md DATE SIGNED 11/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/15/53
NAME OF CEMETERY OR CREMATORY Trinity Episcopal
LOCATION (City, town, or county) Upper Marlboro (State) Md.
DATE REC'D BY LOCAL REGISTRAR 11/17/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

20X3384384

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11366

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7022 Taylor Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Landover Hills,
STREET ADDRESS (If rural, give location) 7022 Taylor Terrace

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) SNYDER (Last) FITE

4. DATE OF DEATH (Month) (Day) (Year) November 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept.16th1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Dauphin County, Pa.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Snyder
14. MOTHER'S MAIDEN NAME: Sarah (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs.Andrew J. Lyons, 7022 Taylor Terrace Landover Hills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 580X

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) (b) Jaundice
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Hepatitis - (possibly malignant)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney, M.D. Hyattsville, Md.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/28/1953
NAME OF CEMETERY OR CREMATORY Dauphin Cemetery
LOCATION (City, town, or county) (State) Dauphin, Dauphin Cty., Pa.

DATE REC'D BY LOCAL REG. 11/26/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W.Chambers Company, ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

VS. [illegible]A-5-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11367

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Riverdale – Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Pines; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5804 East Pines Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Pines; STREET ADDRESS (If rural, give location) 5804 East Pines Drive

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) KELTON (Last) FOSTER

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/4/89

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired – Fare box puller

10b. KIND OF BUSINESS OR INDUSTRY: Capital Transit

11. BIRTHPLACE (State or foreign country): Vermont

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Marc Foster

14. MOTHER'S MAIDEN NAME: Mae Kelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 250-03-5983

17. INFORMANT AND ADDRESS: Mrs. Dorothy Daily 5804 E. Pines Dr. Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) MYOCARDIAL INFARCTION — Interval Between Onset and Death: 3 months

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) CORONARY ARTERIOSCLEROTIC HEART DIS. — NOT DETERM.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT, 1950, to NOV 16, 1953, that I last saw the deceased alive on Nov 14, 1953, and that death occurred at 5 30 A.M., from the causes and on the date stated above.

SIGNATURE: Sally F. Brennan Jr. (Degree or title) M.D. ADDRESS 1704 Michigan Ave N.E. Wash. D.C. DATE SIGNED Nov 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/18/53 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery — LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REG. Nov. 17, 1953 — REGISTRAR'S SIGNATURE Mrs. Jos. Severe (Deputy) (Local)

24. FUNERAL DIRECTOR: Malley's Funeral Home — ADDRESS 3200 R.I. Ave Mt. Rainier, Md.

RECEIVED
NOV
BUREAU V. S.

1368

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Genl Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1240 - 11th St S.E.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Ellsworth (Last) Fowler Jr
4. DATE OF DEATH (Month) Nov (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-4-21
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor layer
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry E. Fowler Sr
14. MOTHER'S MAIDEN NAME Sadie Sansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-22-7089
17. INFORMANT AND ADDRESS Mrs Dorothy Fowler, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

835X

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of skull, crushed chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Marlboro Raceway (CITY OR TOWN) Upper Marlboro (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 11 (Day) 1 (Year) 53 (Hour) 5:10 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Drive in an auto race and wheel came off, continued on him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James S. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 11/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 11/4/53 NAME OF CEMETERY OR CREMATORY Epithany Church Cem. LOCATION (City, town, or county) Forestville Md. (State)

DATE REC'D BY LOCAL REG. 11/1/55 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11369

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7002 Taylor Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 7002 Taylor Terrace

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) A (Last) FRANKLIN
4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1883
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Anne Arundel Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Milburn
14. MOTHER'S MAIDEN NAME Sarah Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Fannie Rose - 7002 Taylor Ter. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Acute Cardiac Decompensation — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular - Renal — 2 yrs.

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Nov. 17, 1953, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 3:02 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
N. H. Clements M.D. 110 13th St SE. Nov 17, 1953

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 11-19-53 NAME OF CEMETERY OR CREMATORY McOlivet Cemetery LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 11/17/53 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Thomas B Hanlon ADDRESS 3831 Tolson Ave Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11370

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 505 Prince George St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
STREET ADDRESS (If rural, give location): 505 Prince George St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Garland	Waters	Frye	Nov.	8	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Jan 15, 1893	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Rail Road	Maryland	U.S.A.

13. FATHER'S NAME: Robert Lee Frye
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Miss Ethel Frye — Sister address same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 Immediate cause (a) Cancer of Lung — Interval Between Onset and Death: 3 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1953, to Nov 8, 1953, that I last saw the deceased alive on Nov 5, 1953, and that death occurred at 11:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert L McCarney	M.D.	402 Main St Laurel Md	11/8/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 11 1953	Holy Hill cemetery	Laurel, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 10 - 1953	M. Bruchera	Wm Dale Dove & Son	Laurel Md

RECEIVED
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11371

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5311 Gallatin Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural, give location) 5311 Gallatin Street,.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Walter (Last) Gantt

4. DATE OF DEATH (Month) November (Day) 2, (Year) 19 53

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb 10, 1893

9. AGE last birthday 60 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber

10b. KIND OF BUSINESS OR INDUSTRY U S Government

11. BIRTHPLACE (State or foreign country) Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Thomas Gantt

14. MOTHER'S MAIDEN NAME Ida Moxley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. W. I

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Rachel Gantt Hyattsville Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4210.0 (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 2, 1951, to October, 19 53, that I last saw the deceased alive on Oct. 1, 19 53, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. L. Ellenis, M. D. ADDRESS 4713 BERWYN ROAD COLLEGE PARK MD DATE SIGNED 11/2/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov 5, 1953

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. Nov 5 1953

REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Maryland.

Vs: A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11372

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Th. Auto 33rd. & R.I. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 2900-Upshur street

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Ellyson (Last) Gardner

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 7, 1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Gun Fact.
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward W. Gardner
14. MOTHER'S MAIDEN NAME: Ellen Bethel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Ruth E. Gardner (Wife) 2900-Upshur street, Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 4 a. 1 (a) Coronary Thrombosis, Massive — Interval Between Onset And Death: 30 min.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Sclerosis & Infarction

DUE TO

(c) 2 previous Coronary Occlusions — 1 1/2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis — 6 mos.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18, 1953, to 11/24, 1953, that I last saw the deceased alive on 11/24, 1953, and that death occurred at 11:25 A.M. from the causes and on the date stated above.

SIGNATURE Everett J. Gordon (Degree or title) M.D. ADDRESS 2025 Eye St. N.W. Wash., D.C. DATE SIGNED 11/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-27-53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland Rd. (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 26, 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy Local)
24. FUNERAL DIRECTOR Nalley's Funeral Home ADDRESS 3200-R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RE
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11373

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro Rural
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Croome Station Upper Marlboro md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro md
STREET ADDRESS (If rural, give location) Star Route - Croom Station

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Duley (Last) Garner

4. DATE OF DEATH (Month) Nov (Day) 18 (Year) 1953

5. SEX: Fem

6. COLOR OR RACE: U.S. White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: April 1874

9. AGE last birthday: 79 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Prince Georges Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Washington Duley

14. MOTHER'S MAIDEN NAME: Susan Sansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: John K. Garner (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Acute Nephritis — Interval Between Onset and Death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) General Arteriosclerosis — Unknown

(c) Chronic Multiple Arthritis — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ventral Hernicae — 40 yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural Causes

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Nov 18, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul O. Van Patten M.D.

ADDRESS: 5400 Colorado Ave Washington 25 D.C.

DATE SIGNED: Nov 18 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 21-1953

NAME OF CEMETERY OR CREMATORY: Croome.

LOCATION (City, town, or county): Croome.

(State): Md.

DATE REC'D BY LOCAL REG. Nov 18 1953

REGISTRAR'S SIGNATURE: John F. Danner.

24. FUNERAL DIRECTOR: J. William Lee & Sons

ADDRESS: Wash. D.C.

RECEIVED
OV 1953
BUREAU V. S.

Film#G160 Item# 9 12/21/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11374

CERTIFICATE OF DEATH

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 5 9-45-15M

1. PLACE OF DEATH:
County: Prince Geo Co.
City or town: W. Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 mos.
Hospital, institution, or street address where death occurred.
7700 Colesville Rd.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Geo. Co.
City or town: W. Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7700 Colesville Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: ELLA JOHANNA GEBHARDT

3.(b) Social Security Number: 100-05-2727

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FE.	WH.	Married

6.(b) Name of husband or wife: George Robert Gebhardt.
6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Jan. 29, 1904.

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
49	10	29		

9. Birthplace: Thorp, Farsund, Norway (Town, county, and state) US CITIZEN
10. Usual occupation: Housewife.
11. Industry or business: —

FATHER
12. Name: Frederick Andersen
13. Birthplace: Norway.

MOTHER
14. Maiden name: Jorgine Jacobsen.
15. Birthplace: Norway.

16. Informant: Husband - George Gebhardt
Address: 7700 Colesville Rd, W. Hyatts. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 2 1953 (month) (day) (year)
Cemetery or crematory: Fort Lincoln Cem
Location: Colmar Manor
18. Funeral director: F. Gasch & Sons
Address: Hyattsville Md.

Nov 29 1953 James Sevens
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 28 1953 at 1:30 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 6 1952 to November 28 1953 and that I last saw her alive on November 28 1953.

	DURATION
Immediate cause of death: Cerebral Hemorrhage, right	2 days
Due to: Hypertensive - arteriosclerotic cardiovascular disease	5 years.
Due to:	
Other conditions: 4438 (Include pregnancy within 3 months of death)	

Major findings of operations: — Date of op.
Autopsy results: none.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.
Accident, suicide, or homicide: not. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: William F. Simpson, Jr. M.D.
M. D. or other
Address: 6216 N.H. Ave. NE. Date signed: 11/28/53

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11375 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Gordon (Middle) Perry (Last) Gibson
4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-6-19
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Driver Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Sylvester Gibson
14. MOTHER'S MAIDEN NAME: Betty Thaxton Gibson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 578187237
17. INFORMANT & ADDRESS: Wife - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral compression — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral tumor

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Status epilepticus

19a. DATE OF OPERATION:
19b MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH,
21b PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/13/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Laurel

DATE REC'D BY LOCAL REG. 11 14 53
REGISTRAR'S SIGNATURE Amanda Downey
11-14-53 Agnes M. Yingling

24. FUNERAL DIRECTOR ADDRESS

VS. A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1376

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Branchville
STREET ADDRESS (If rural, give location) 9114-R. I. Ave

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) SEGUR (Last) Gray

4. DATE OF DEATH (Month) 11 (Day) 11 (Year) 1953

5. SEX: M-
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-11-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Foreman carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Cabinet maker
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: Herbert S. Gray
14. MOTHER'S MAIDEN NAME: Hattie Mary Brightman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442x

Immediate cause (a) Pulmonary edema
DUE TO
Antecedent cause(s) (b) Acute congestive heart failure
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) Cardiovascular renal disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Asthma (Cardiac?)

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF Nov. 14/53
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEM.
LOCATION (City, town, or county) (State) COLMAR MANOR, PR. GEO., MD

DATE REC'D BY LOCAL REG. 11/12/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. CHAMBERS CO - ADDRESS RIVERDALE MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-5A-5-53

NOV 16
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1877

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Residence

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
STREET ADDRESS (If rural give location): 3123 Parkway [redacted]

3. NAME OF DECEASED: (Type or Print) (First) MYRTLE (Middle) IRENE (Last) GREGORY

4. DATE OF DEATH: (Month) Nov. (Day) 22, (Year) 19 53.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 11, 1871

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Fords Ferry, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Yeakey

14. MOTHER'S MAIDEN NAME: Kitty H. Conditt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Cora M. Yeakey - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) ... Myocardial Infarction — Interval Between Onset And Death: 2 h

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ... Hypertensive Cardio-vascular Disease — Interval Between Onset And Death: years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 19 52, to Nov. 22, 19 53, that I last saw the deceased alive on Nov 22, 19 53, and that death occurred at 11:00 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Ronald S. Fleischer M.D.
ADDRESS: 5432 Queens Chapel Road, Hyatt. Md.
DATE SIGNED: 11/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 25, 1953
NAME OF CEMETERY OR CREMATORY: Washington National
LOCATION (City, town, or county) (State): Suitland, Maryland.

DATE REC'D BY LOCAL REGISTRAR: 11/23/53
REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: W.W. CHAMBERS CO.
ADDRESS: Riverdale, Md.

VS. A15.

RECEIVED
NOV
BUREAU V. S.

11378

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville — LENGTH OF STAY (in this place) 12 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5614--31st Avenue	STREET ADDRESS (If rural, give location) 5614--31st Avenue

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) JAY (Last) GUNN				4. DATE OF DEATH (Month) November (Day) 15th, (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov.18/1893	9. AGE last birthday 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist	10b. KIND OF BUSINESS OR INDUSTRY Peoples Drug Co.	11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Gunn		14. MOTHER'S MAIDEN NAME Katherine Egolf		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 578-01-4819	17. INFORMANT Dorothy E. Gunn, 5614--31st Ave., West Hyattsville, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial Infarction — 3 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29, 1953, to 11-15, 1953, that I last saw the deceased alive on 10-15, 1953, and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Flemming	5432 Queens Chapel Rd	Hyattsville Md	11/16/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF Nov. 18/53	NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEM.	LOCATION (City, town, or county) (State) COLMAR MANOR, PR. GEO. MD
DATE REC'D BY LOCAL REG. Nov 16 1953	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR W.W.Chambers Company,	ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11379

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 513 - 8th St

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) (Last) Hall

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: -74

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Hall

14. MOTHER'S MAIDEN NAME: Sarah Gordon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-18-0627

17. INFORMANT & ADDRESS: George Hall Laurel Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 154x (a) Carcinoma of the Rectum — Interval Between Onset And Death 6 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1953, to 11/1, 1953, that I last saw the deceased alive on 10/31 1953, and that death occurred at 6:45 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arnold Rowe M.D. 1931 Queen Chapel Rd Hyattsville 11/1/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 11/4/53 — NAME OF CEMETERY OR CREMATORY Bacons Chapel — LOCATION (City, town, or county) (State) Anne Arundel Co Md

DATE REC'D BY LOCAL REGISTRAR Nov 4-53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Ridgely Selby — ADDRESS 401 Wash. Ave Laurel Md

VS. 16

RECEIVED
NOV 9 1983
BUREAU V. S.

11380
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piscataway
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Floral Park-Piscataway Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Piscataway
STREET ADDRESS (If rural, give location) Floral Park-Piscataway Road.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Hall

4. DATE OF DEATH (Month) November (Day) 6 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Widower	Oct. 1888	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Bryantown, Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Hall	Louise Sewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Sgt. Thomas R. Blandford, Piscataway, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 4427 (a)	Acute congestive heart failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Cardiovascular renal disease	
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. O'Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11/7/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11/8/53	[illegible]	Wash. D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/8/53	Amanda Downey	George L. Better	1203 Walter St. S.E. Wash DC.
11/10-53	Howard J Peak		

V. S.

Film/G159 Item# 8 11/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1381

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 2 hrs. 15 Min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West River Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) L. (Last) Hardesty

4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Oct 2 1888 B1

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas O. Hardesty

14. MOTHER'S MAIDEN NAME: Martha B. Crandall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Bernard Hardesty, Hillcrest Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Generalized Peritonitis — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Perforated cecum

DUE TO

(c) Carcinoma of Rectum

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8, 1953, to ....., 19...., that I last saw the deceased alive on 11/8, 19 53, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. Brunner M.D. 7409 Varnum St Landover Hills Md 11/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Nov. 11/13; NAME OF CEMETERY OR CREMATORY Quaker; LOCATION (City, town, or county) (State) Hillcrest Md

DATE REC'D BY LOCAL REGISTRAR 11/18/53; REGISTRAR'S SIGNATURE Amanda Downes

24. FUNERAL DIRECTOR Hardesty Funeral Home; ADDRESS Hillcrest Md

VS. 16

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Film#G160 Item# 7 12/21/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11382 4/5

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eastpines
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6637 Powhatan st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eastpines
STREET ADDRESS (If rural give location) 6637 Powhatan st.

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) HENRY (Last) HARDISON

4. DATE OF DEATH: (Month) Nov (Day) 19, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 4/16/1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): washington North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Clay Hardison
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 579-10-1028
17. INFORMANT & ADDRESS: Henry G. Hardison Eastpines Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
4200 Immediate cause	(a) Cardiac Failure, Inanition	?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Anasarca, Congestive Failure	2 mos.
	DUE TO (c) Arteriosclerotic Hypertensive Heart Dis	8 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1953, to 11/18/53, 1953, that I last saw the deceased alive on 10/29, 1953, and that death occurred at 10:25 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon W. Kelley, MD ADDRESS 6124-41st Ave Hyatts. DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/22/53
NAME OF CEMETERY OR CREMATORY George washington
LOCATION (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR Nov. 20, 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
NOV 23 1953
BUREAU V. S.

11383

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Pr Geos Co.

City or town: Capitol Heights X
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 49 Years

Hospital, institution, or street address where death occurred:
408 - 49th St Capitol Heights Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Pr Geos Co

City or town: Capitol Hgts Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 408 - 49th St
(If rural, give LOCATION)

2.(a) If veteran, name war: NO

3. (a) FULL NAME: Wilmer Joseph Hardy

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: None

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Aug 20 1883

8. AGE: Years 70 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Pine Grove Pr Geos Co Md
(Town, county, and state)

10. Usual occupation: Stock Clerk

11. Industry or business

FATHER

12. Name: John T. Hardy

13. Birthplace: Pr Geos Co Md.

MOTHER

14. Maiden name: Florence Jane Fowler

15. Birthplace: Pr Geos Co Md.

16. Informant: Mrs Stella Hamilton

Address: 408 - 49th St Capitol Hgts Md

17. Burial (Burial, cremation, or removal, which?) Date thereof: Nov 30 1953 (month) (day) (year)

Cemetery or crematory: Methodist Church Cemetery

Location: Forestville Md.

18. Funeral director: W. W. Chambers Co

Address: 517-11th St. S.E. Wash. D.C.

19. Nov. 27 1953 (Date rec'd by registrar) Carrie F. Campbell, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 26 1953 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov 11 1953 to Nov 26 1953 and that I last saw him alive on Nov 24 1953

Immediate cause of death	DURATION
Congestive Heart Failure	15 days
Due to: Viral Bronchitis	15 days
Due to:	

Other conditions: 4 24.1
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: W. Scott Ritchie MD
M. D. or other

Address: 7005 Ritchie Rd SE Wash 27 DC Date signed: 11/26/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 15 9-45-15M

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11384

Reg. Dist. No. 2[illegible]

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) Augustus (Last) Harrison

4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 53

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Feb. 17, 1904
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY State Roads Comm.
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Norman Augustus Harrison
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Lawrence A. Harrison- Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

440 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James H. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 11/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/21/53
NAME OF CEMETERY OR CREMATORY Mt. Carmel
LOCATION (City, town, or county) Upper Marlboro, Md. (State)

DATE REC'D BY LOCAL REG. 11/20/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Robert G. McGuire ADDRESS 1820-9th St NW Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. A15A

BUREAU V. S.

11385

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 234

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3006 - Parkway Terrace Dine

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 3006 - Parkway Terrace Dine

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) Charles (Last) Hart

4. DATE OF DEATH (Month) 11 (Day) 20 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb 20, 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Chief Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY: Bolling Airforce Base
11. BIRTHPLACE (State or foreign country): Kingston N. J.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harvey Francis Hart
14. MOTHER'S MAIDEN NAME: Caroline Oppe Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W W I
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Anna Hart, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442x Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 23-53
NAME OF CEMETERY OR CREMATORY Cranbury Cemetery
LOCATION (City, town, or county) (State) Cranbury N. J.
DATE REC'D BY LOCAL REG. Nov 20-53
REGISTRAR'S SIGNATURE Howard I Beall
24. FUNERAL DIRECTOR Simmons Bros
ADDRESS 2007 Nichols Ave S.E. Wash D.C.

VS. A[illegible]-5-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

J1386

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8214-17th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince George. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville.
STREET ADDRESS (If rural give location) 8214 - 17th Ave.

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) A.F (Last) HASSETT.

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1953.

5. SEX: M

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 12-1953.

9. AGE last birthday: yrs. If under 1 year: Months 4, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James F. Hassett.

14. MOTHER'S MAIDEN NAME: Margaret McConnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James Hassett.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anoxemia, due to — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital heart disease, pulmonary stenosis — Life

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 July, 1950, to 12 Nov., 1953, that I last saw the deceased alive on 11-12, 1953, and that death occurred at 11.50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Boyd McDonald M.D. ADDRESS 7309 Riggs Rd. W. Hyattsville Md DATE SIGNED 11/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: nov. 15-1953

NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery

LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. Nov 12 1953

REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR: J. F. Costello

ADDRESS: 1732 North Capitol.

RECEIVED
NOV 16 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11387

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and giva nearest town) OR TOWN Landover Hills Md — LENGTH OF STAY (in this place) 1 year	CITY (If outside corporate limits, write RURAL and giva nearest town) OR TOWN Landover Hills Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7014 Allison St,.	STREET ADDRESS (If rural, give location) 7014 Allison St,.

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Simons (Last) Herbert

4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	Nov 28, 1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Bookkeeper	U. S. Government	South Carolina	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James E. Herbert	Caroline C Bunch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, giva war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
yes	W W 1	241 12 6887	Alfred S Herbert Jr Landover Hills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — 1/2 hour.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — 25 yrs.

(c) c̄ Coronary insufficiency

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6/8/, 1950, to 11/7/, 1953, that I last saw the deceased alive on 11/6/, 1953, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: 7409 Vaughn St Landover Hills Md DATE SIGNED: 11/8/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/10/53	Arlington National Cemetery	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/53	Amanda Downey	F. Gasch's Sons Hyattsville Md.	

F. Gasch's Sons.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11388

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park X; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 403 Beech Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George's; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park X; STREET ADDRESS (If rural give location) 403 Beech Ave.

3. NAME OF DECEASED: (First) Alice (Middle) Cleveland (Last) Hohmann; 4. DATE OF DEATH: (Month) November (Day) 20 (Year) 1953

5. SEX: Female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed; 8. DATE OF BIRTH: July 29 1885; 9. AGE last birthday: 68 yrs.; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife; 10b. KIND OF BUSINESS OR INDUSTRY: —; 11. BIRTHPLACE (State or foreign country): Wash. D.C.; 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward A. Davis; 14. MOTHER'S MAIDEN NAME: Mary Agnes Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No; (If Yes, give war or dates of service); 16. SOCIAL SECURITY NO.: —; 17. INFORMANT'S ADDRESS: Agnes Frances Freeland, 205 Park Blvd. Silver Hill Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 Immediate cause (a) Adeno carcinoma of Uterus — Interval Between Onset And Death Apr 15 1951

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gen Carcinomatosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia — 1 day

19a. DATE OF OPERATION: 4/19/51 2/15/52; 19b. MAJOR FINDINGS OF OPERATION: D&C Hysterectomy — 6/9/53 Metastases Nodules —; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14/ ,19 47, to 11/20/ , 19 53, that I last saw the deceased alive on 11/19/, 1953, and that death occurred at 3.20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard I Morse M.D. ADDRESS 3030 Carroll Ave Takoma Park Md DATE SIGNED 11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Nov. 23, 1953; NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery; LOCATION (City, town, or county) Prince George County. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 20 1953; REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR J. Arthur Walters; ADDRESS 254 Carroll St. N.W. Takoma Park, D.C.

VS. A-6

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11389

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. BRENTWOOD | LENGTH OF STAY (In this place) 40 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3942

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY PG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. BRENTWOOD
STREET ADDRESS (If rural, give location) 3942 Allison St.

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Campbell (Last) Holmes
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1953
5. SEX: F
6. COLOR OR RACE: C
7. [illegible], MARRIED, [illegible], (Specify)
8. DATE OF BIRTH: 10-19-1887
9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper-Own Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: James Campbell
14. MOTHER'S MAIDEN NAME: Mary Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Frank Holmes (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
151X
Immediate cause (a) Carcinoma Stomach — Interval Between Onset and Death: 1-53
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ulcers of Stomach Operation — 9-2453
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-24-53
19b. MAJOR FINDINGS OF OPERATION: Malegnancy of Stomach
20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1- 53 to 11-28 53, that I last saw the deceased alive on 11-28th 53, and that death occurred at 6:40 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Wm. H. Spiller M.D. ADDRESS Brentwood, Md. DATE SIGNED 11/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 11-28-53 | NAME OF CEMETERY OR CREMATORY Barnes & Matthews | LOCATION (City, town, or county) Wash. D.C. (State)
DATE REC'D BY LOCAL REG. 11/28/53 | REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Barnes & Matthews 24a. ADDRESS Wash. D.C.

12/1/53 James Devy

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11390

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md
LENGTH OF STAY (In this place) 2 days -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morningside, Maryland
STREET ADDRESS (If rural give location) 213 Pine Grove Drive

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) (Last) Hughes

4. DATE OF DEATH: (Month) Nov. (Day) 1, (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 23 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Milliner

11. BIRTHPLACE (State or foreign country): Marlin Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Hughes

14. MOTHER'S MAIDEN NAME: Harriet E. Roffe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Pela Shaffner 213 - Pine Grove Dr. Morningside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

49 yr

Immediate cause (a) Pneumonia — Interval Between Onset And Death: 1 wk

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malnutrition — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 19 53, to 11-1, 19 53, that I last saw the deceased alive on 11-1, 19 53, and that death occurred at 4:27 P.M., from the causes and on the date stated above.

SIGNATURE Randall Hemmeter (Degree or title) V.A. ADDRESS Mem Chapel Rd Washington DATE SIGNED 11/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 11/2/53 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/2/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Simmons Bros. ADDRESS 20 I - Nichols Ave SE Wash. DC

VS. 5

RECEIVED
NOV 5
BUREAU V. S.

11391
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 265

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5703-40th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5703-40th Ave

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) M. (Last) Hutcheson

4. DATE OF DEATH (Month) (Day) (Year) 11-26-1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.
8. DATE OF BIRTH: Aug 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: August Schulke
14. MOTHER'S MAIDEN NAME: Minnie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Minnie H. Frye-Daughter-Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) (b) Cardiovascular renal disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 30/1953
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. Nov 27 1953
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gasch's Sons
ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-A-5-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1392

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.; LENGTH OF STAY (in this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Maryland; STREET ADDRESS (If rural give location) 5516 - 39th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Hutchinson

4. DATE OF DEATH: (Month) Nov. (Day) 16, (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan 9. 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S Printing Office

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Medford L. Webb

14. MOTHER'S MAIDEN NAME: Mary Ellen Hay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records. Cheverly, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured cerebral aneurysm — Interval Between Onset And Death: 24 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Bilateral cerebral aneurysms — Congenital

DUE TO

(c) 7546

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/26/53 to 11/16/53, that I last saw the deceased alive on 11/16, 1953, and that death occurred at 6:25 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hyattsville, Md. DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/19/53 NAME OF CEMETERY OR CREMATORY George Washington LOCATION (City, town, or county) Hyattsville (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/18/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch & Son ADDRESS Hyattsville, Md

VS. A15

RECEIVED
NOV 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

16393

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) S.D.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham -
STREET ADDRESS (If rural, give location) Good Luck Road.

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Dunbar (Last) Jackson

4. DATE OF DEATH: (Month) 11 - (Day) 18 - (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-10 1917

9. AGE last birthday: 36. yrs.
If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Mowing

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Jackson

14. MOTHER'S MAIDEN NAME: Emma Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Sarah Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X **Immediate cause** (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar pneumonia & pulmon-

(c) ary abscess.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John D. Maloney (Degree or title) M.D. Dep. Med. Exam ADDRESS Hyattsville Md DATE SIGNED 11-18-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal

DATE THEREOF: 11/18/53

NAME OF CEMETERY OR CREMATORY: Collins Funeral Home

LOCATION (City, town, or county) (State): 4339 Hunt Pl. N.E. Wash. D.C.

DATE REC'D BY LOCAL REG.: 11/19/53

REGISTRAR'S SIGNATURE: Amanda D. Haney

24. FUNERAL DIRECTOR: Collins Funeral Home ADDRESS 4339 Hunt Pl. N.E.

V 15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11394

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (in this place) 17 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4517-37th street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 4517-37th street

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Annie (Last) Johnson

4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 9/10/1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) at Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11 BIRTHPLACE (State or foreign country): Brighton England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas Parker
14. MOTHER'S MAIDEN NAME: Elizabeth Pulsford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Edith E. Whaley 4517-37th St. Brentwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

191X Immediate cause — Squamous cell Carcinoma left leg below knee — Interval Between Onset And Death: 3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiac disease, arteriosclerosis — Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1944, to Nov 17, 1953, that I last saw the deceased alive on Nov 12, 1953, and that death occurred at 11:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry J. Hadley MD
ADDRESS 1252 Eastern Ave
DATE SIGNED Nov 18 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/19/53
NAME OF CEMETERY OR CREMATORY Lutz Cemetery
LOCATION (City, town, or county) (State) Lutz, Florida

DATE REC'D BY LOCAL REGISTRAR Nov 18 1953
REGISTRAR'S SIGNATURE James Severe

24. FUNERAL DIRECTOR Malleys Funeral Home Inc. 3200 R.I. Ave. Mt. Rainier, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

BUREAU V. S.

film#G159 Item# 12 11/27/53 emp

11395

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale

LENGTH OF STAY (in this place) 3 wks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville

STREET ADDRESS (If rural, give location) 6000 - 44th Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) A. (Last) Johnson

4. DATE OF DEATH (Month) 11 (Day) 18 (Year) 1953

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 18, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Johnson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY No.: 216-05-8625

17. INFORMANT & ADDRESS: Ellen C. Johnson - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pulmonary embolism

DUE TO

(c) Fractured patella

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) St. Elizabeth Hosp.

21c. (City or town) Washington (County) D.C. (State)

21d. TIME OF INJURY (Month) Sept (Day) 20, (Year) 1953 (Hour) M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? Fell across a wire while at work.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-18-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov 20, 1953

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. Nov. 20, 1953

REGISTRAR'S SIGNATURE Mrs Jas. Severe Deputy Local

24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1-5-53

District of Columbia Coroner G. McGruder McDonald notified at 9.45 P.M. Nov. 18. 1953. Release of body approved.
J. D. Maloney. M.D.

REC
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1396

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md — LENGTH OF STAY (in this place) 8 days —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp. —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Broad Creek —
STREET ADDRESS (If rural give location) 7101 Livingston Rd. SE —

3. NAME OF DECEASED: (Type or Print) (First) Diane (Middle) (Last) Kincaid
4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W —
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug. 27, 1952
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kenneth K. Kincaid
14. MOTHER'S MAIDEN NAME: Thelma I. Fuller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Thelma Kincaid Broad Creek Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

344X

Immediate cause (a) Hydrocephalus — 1 year

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Healed meningitis — 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operation for correction of above — 1 hr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to 11-3, 1953, that I last saw the deceased alive on 11-3, 1953, and that death occurred at 11-3-53-6:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Harvey W. Ammerman, M.D. ADDRESS WASH. D.C. 2025 I. Rt. N.W. DATE SIGNED 11-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) transportation DATE THEREOF Nov 4, 1953 NAME OF CEMETERY OR CREMATORY Carroll Hill Cemetery LOCATION (City, town, or county) Ronceverte West Va (State)
DATE REC'D BY LOCAL REGISTRAR 11/4/53 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasche sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 116

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RECEIVED
NOV
BUREAU V. S.

11397

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 231

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Genl Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 117 - 2nd Street NE

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Knox
4. DATE OF DEATH (Month) Nov (Day) 11 (Year) 1953
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 18, 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Service Station Owner
10b. KIND OF BUSINESS OR INDUSTRY: Gasoline
11. BIRTHPLACE (State or foreign country): Gidding, Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Harry Knox Sr
14. MOTHER'S MAIDEN NAME: Julia Bryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 453-03-6436
17. INFORMANT & ADDRESS: Mrs Harry Knox, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 823 X

Immediate cause (a) Hemorrhage and shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rupture of right diaphragm with

DUE TO Herniation of liver and compression film

(c) Cerebral concussion, Cerebral Edema

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Entrance
21c. (City or town) Largo (County) Prince George's (State) Md
21d. TIME OF INJURY (Month) 11 (Day) 4 (Year) 53 (Hour) 22 A
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? occupant of auto that struck a tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/13/53
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor Md. (State)
DATE REC'D BY LOCAL REG. 11/11/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm Lee Son Co - Washington D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-A-5-53

RECEIVED
NOV 16
BUREA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11398

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kent Village
STREET ADDRESS (If rural give location) 2705-73rd Place

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Larson
4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11-20-53
9. AGE last birthday: 2 hrs ~~Yrs.~~ IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Larson, Richard
14. MOTHER'S MAIDEN NAME: Larson Mrs Jane

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity (800 gms. 32 cm.)

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20 1953 to 11/20, 1953 that I last saw the deceased alive on 11/20, 1953 and that death occurred at 3:07 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) John W. Pickens, MD. ADDRESS 5301 Hamilton St. Hyattsville Md DATE SIGNED 11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 12/7/53
NAME OF CEMETERY OR CREMATORY Prince Georges Gr Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 12/12/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Penn Jr ADDRESS Supt

20 X 3273260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

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RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11399

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md.
STREET ADDRESS (If rural give location) 5704 - 37th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Law

4. DATE OF DEATH: (Month) Nov. (Day) 25, (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 11, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Fredericksburg Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Gallaham
14. MOTHER'S MAIDEN NAME: Mary Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Catherine Lucke 5704-37th ave. Hyattsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of stomach — Interval Between Onset And Death: 6 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-24-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach. Multiple metastasis
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1953, to 11-25, 1953, that I last saw the deceased alive on 11-25, 1953, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John P. Clum M.D. ADDRESS 611043rd Ave Hyattsville DATE SIGNED 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-28-1953 NAME OF CEMETERY OR CREMATORY Ft. Lincoln LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 28, 1953 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Nalley's Funeral Home ADDRESS 3200-R.I. Ave. Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. 1-15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11400

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md
LENGTH OF STAY (in this place) 129 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1430 Belmont St., N.W. Apartment 401

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Jonathan (Last) Lebo

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1953

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: March 15, 1874 — 9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Tailor — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Indiana — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lebo — 14. MOTHER'S MAIDEN NAME: Deick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Hospital chart

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4:0.0 Immediate cause	(a) Degeneration psychosis.	10 yr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) General arterio sclerosis	10 yrs
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1953, to Nov 28, 1953, that I last saw the deceased alive on Nov 28, 1953, and that death occurred at 9.40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Mahan MD — ADDRESS Riverdale Md — DATE SIGNED 11-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 12-1-53 — NAME OF CEMETERY OR CREMATORY Arlington NAT. — LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR Nov 29 1953 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR — ADDRESS H.L.S.H. Hines Co 2901 14th St N.W. D.C.

VS. A15

RECEIVED
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11401

Reg. Dist. No. 244

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews AFB, Wash 25, DC — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401st USAF Infirmary (MATS) Andrews AFB, Washington 25, DC

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cincinnati
STREET ADDRESS (If rural, give location) 3415 Hartford Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W (Last) Lewis
4. DATE OF DEATH: (Month) Nov (Day) 21 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 27 January 1924
9. AGE last birthday: 29 yrs. — If under 1 year: Months 9 Days 24 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman
10b. KIND OF BUSINESS OR INDUSTRY: U S Air Force
11. BIRTHPLACE (State or foreign country): Clarksburg, West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Deceased
14. MOTHER'S MAIDEN NAME: Pauline Elizabeth Warfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Unk
16. SOCIAL SECURITY NO.: 236-20-0613
17. INFORMANT AND ADDRESS: USAF Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Wound, missle. right temporal region, with massive Artery and Nerve involvement. (Gunshot)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Self inflicted with 45 Cal. Pistol.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Office Bldg.
(CITY OR TOWN) (COUNTY) (STATE): Andrews AFB, Prince Georges, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 21 1953 2100 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Self inflicted gunshot wound by deceased with 45 Cal. Pistol.

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19..... , and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Glenn D. Moak (Degree or title) ADDRESS DATE SIGNED

GLENN D. MOAK 1st Lt, USAF (MC) 1401st USAF Infirmary (MATS) Andrews AFB, Wash 25, D.C.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/[illegible]/53
NAME OF CEMETERY OR CREMATORY: Spring Grove Cemetery
LOCATION (City, town, or county) (State): Cincinnati, Ohio

DATE REC'D BY LOCAL REG.: 23 November 1953
REGISTRAR'S SIGNATURE: Margaret E. Wilbur
24. FUNERAL DIRECTOR — ADDRESS: Frazier's Funeral Home Inc., 389 Rhode Island Ave., Washington 1, D.C. NW

VS/A15

RECEIVED
DEC 8 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCE GEORGE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4500 Suitland Rd. Minnesa Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON-D.C.
STREET ADDRESS (If rural, give location) 77-5 St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) B. (Last) LLoyd

4. DATE OF DEATH: (Month) NOV (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July-14-1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: UNKOWN
14. MOTHER'S MAIDEN NAME: UNKOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Lelia Mitchell - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) acute dilatation of Heart	1 Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) myocarditis	6 mo
	DUE TO (c) arteriosclerosis	2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: Suitland Prince George
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Nov 2, 1953, that I last saw the deceased alive on Nov 2, 1953, and that death occurred at 5:50 P.m., from the causes and on the date stated above.

SIGNATURE John R Dull MD (DEGREE OR TITLE) ADDRESS 907 E Capitol St Washington DC DATE SIGNED 11/2/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 11-5-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. NOV 12-53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J Wm Lee & Son - Wash. D.C. ADDRESS 3[illegible]-4th St N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 115 8-51

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11403

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avondale
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4905-Avondale Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avondale
STREET ADDRESS (If rural give location) 4905 Avondale Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Rachael (Last) Lo Buono

4. DATE OF DEATH: (Month) 11 (Day) -5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 10-28-1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country): Foggia, Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vincent Cecchia
14. MOTHER'S MAIDEN NAME: James W. Lo Buono Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 1419 Jefferson, Michigan Park Hills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 175x (a) Carcinoma of ovary C DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) generalized metastases DUE TO

(c)

Interval Between Onset And Death 3-4 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950
19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovary
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1941, to Nov 5, 1953, that I last saw the deceased alive on Nov 5, 1953, and that death occurred at 6 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John E. Morris, M.D. ADDRESS 1246 Fort Nw DATE SIGNED 11-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/9/1953
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 8 1953
REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR Nalley's Funeral Home ADDRESS 3200-R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID

RECEIVED
BUREAU V. S.

Film#G159 Item# 1 11/18/53 emp

11104

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georgia MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3124 Parkway Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georgia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural, give location) 3124 Parkway Terrace Dr.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Irene (Last) Loomis

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 53

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 18 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Wisc. Schools
11. BIRTHPLACE (State or foreign country): Oregon Wisc
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carlton D. Loomis
14. MOTHER'S MAIDEN NAME: Isabelina Boces Loomis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Col. Loomis 3124 Parkway Terrace Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
1717 Immediate cause	(a)	Carcinoma of the Cervix	3+ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Metastasis to Liver, Peritoneum	
	DUE TO (c)	Pleura	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 1950
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cervix
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1953, to Nov. 5, 1953, that I last saw the deceased alive on Nov. 1, 1953, and that death occurred at 3 p.m., from the causes and on the date stated above.
SIGNATURE Thomas E. Custer M.D. (DEGREE OR TITLE) ADDRESS 900 17th St. N.W. Wash D.C. DATE SIGNED Nov. 5, 1953

23. BURIAL, CREMATION REMOVAL (Specify): ✓ DATE THEREOF Nov. 5, 1953 NAME OF CEMETERY OR CREMATORY Oregon LOCATION (City, town, or county) Wisconsin (State)
DATE REC'D BY LOCAL REG. Nov 4 53 REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR The A. H. Hem Co. ADDRESS 2901-14th St. N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A11 8-51

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11405

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md — LENGTH OF STAY (in this place) 2 Mo 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403 Ager Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C
STREET ADDRESS (If rural, give location) 212 Oakwood Street S E

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) Michael (Last) Lurty

4. DATE OF DEATH: (Month) Nov (Day) 14, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: Aug 1?, 1953

9. AGE last birthday: ____ yrs. If under 1 year: Months 3 Days 7 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): rovidnece Hospital Wash D. C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Edward N Lurty

14. MOTHER'S MAIDEN NAME: Carmen Martinez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT: Edward Lurty Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751 +

Immediate cause (a) interval Hydrocephalus — Interval between onset and death: birth on

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spinal bifida — " "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1953, to Oct 21, 1953, that I last saw the deceased alive on 11-14, 1953, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas A. Christensen MD — ADDRESS: College Park, Md — DATE SIGNED: 11/14/53

23. BURIAL, CREMATION REMOVAL (Specify): Transportation — DATE THEREOF: Nov 14, 1953 — NAME OF CEMETERY OR CREMATORY: Tuckahoe — LOCATION (City, town, or county) (State): New York

DATE REC'D BY LOCAL REG. Nov 14 1953 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: F Gasch's Sons Hyattsville Md. — ADDRESS:

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NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11406

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt
STREET ADDRESS (If rural give location) 38-D-Cresent Rd.,

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Mackin
4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov. 3, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min. 25

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mackin, Walden
14. MOTHER'S MAIDEN NAME: Stone, Barbara

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

762.5
Immediate cause (a) Prematurity
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atelectasis
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:05 P.m. 11/3/53, 1953, to 11/3/, 1953, that I last saw the deceased alive on 11/3/53, 19..., and that death occurred at 5:31 P.m. from the causes and on the date stated above.

SIGNATURE John W. Perkins, MD. (Degree or title) ADDRESS 5301 Hamilton St., Hyattsville, Md. DATE SIGNED 11/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremated
DATE THEREOF 11/16/53
NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 11/20/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr. Supt. ADDRESS

20X3261363

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 2

1

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11407

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 2013 - Oglethorpe St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) McCombs.
4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): -
8. DATE OF BIRTH: Nov. 13, 1953
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 24 Min. 7

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert McCombs
14. MOTHER'S MAIDEN NAME: Elaine Thurston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: mother - as above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776X
Immediate cause (a) Prematurity
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 24 hrs 7 mins

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13, 1953, to 11-14, 1953, that I last saw the deceased alive on 11-14, 1953, and that death occurred at 3:40 pm, from the causes and on the date stated above.

SIGNATURE: R. Bauer (Degree or title) M.D. ADDRESS: Hyattsville, Md. DATE SIGNED: 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: 11/21/53
NAME OF CEMETERY OR CREMATORY: Prince George's Gen Hosp
LOCATION (City, town, or county) (State): Cheverly Md
DATE REC'D BY LOCAL REGISTRAR: 11/25/53
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Harry W. Penn Jr.
ADDRESS: Supt

21X3223321

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-5

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georgas. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale.
LENGTH OF STAY (in this place) 1 3/4 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georgas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier
STREET ADDRESS (If rural, give location) 3114 upshur st.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Francis (Last) McCoy

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married.
8. DATE OF BIRTH:
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months | Days. IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): plumber.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beaver Falls Pennsylvania.
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William McCoy.
14. MOTHER'S MAIDEN NAME: Annie Steel.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 578055235
17. INFORMANT & ADDRESS: Mrs Hilda McCoy 3114 upshur st. Mt. Rainer Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic Heart Dis.	3 yrs.
	DUE TO (c) General Arteriosclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Varicose ulcers.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1941, to Nov 22, 1953, that I last saw the deceased alive on Nov 22, 1953, and that death occurred at 7 45 p.m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (DEGREE OR TITLE) ADDRESS Riverdale, Md DATE SIGNED Nov 22, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11-25-53
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) (State) Freedom - Penn.

DATE REC'D BY LOCAL REG. Nov 22 1953
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR J W M Lee & Son - 300 - 4 St. N.E. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

V-A15 8-51

Corner Notified & approved

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3323 Chauncey Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN same
STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) JOSEPH (Last) McDERMOTT

4. DATE OF DEATH (Month) November (Day) 30, (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH March 17-1890
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fuel dealer
10b. KIND OF BUSINESS OR INDUSTRY Fuel
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN McDERMOTT
14. MOTHER'S MAIDEN NAME ELLEN CARABINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Elizabeth McDermott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
451 X Immediate cause	(a) Ruptured Dissecting Aneurysm of Abdominal Aorta	7 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension, Chronic, Severe	10 years
	(c) Generalized arteriosclerosis	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1947, to Nov. 30, 1953, that I last saw the deceased alive on Nov. 29, 1953, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE James W. Long, M.D. (Degree or title) ADDRESS 915 - 19th Street, N.W., Washington, D.C. DATE SIGNED 11/30/53

23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF 12/3/53 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Nov. 30, 1953 REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy 24. FUNERAL DIRECTOR [illegible] ADDRESS 475-H-N [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md; LENGTH OF STAY (In this place) 3 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-- Ritchie, Md.; STREET ADDRESS (If rural give location) 8351 Whitehouse Rd.

3. NAME OF DECEASED: (Type or Print) (First) Melvin (Middle) Andrew (Last) McKenzie

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 9, 1952

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months XXX Days XXX IF UNDER 24 HRS.: Hours XXX Min. XX

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wallace McKenzie

14. MOTHER'S MAIDEN NAME: Lillian (nee Brady)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Wallace A. McKenzie D.C 8351 Whitehouse Rd., S.E., Washington, 27,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0

Immediate cause (a) Aspiration Pneumonia (Terminal) — Interval Between Onset And Death:

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Dehydration & Acidosis — 1 day

DUE TO (c) Diarrhea — 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Iron Deficiency Anemia

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Nov. 10, 1953, that I last saw the deceased alive on Nov. 10, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE John W. Perkins (Degree or title) M.D. ADDRESS 530 Hamilton St Hyattsville DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/13/53 — NAME OF CEMETERY OR CREMATORY Holy Family Catholic — LOCATION (City, town, or county) Woodmore, (State) Maryland.

DATE REC'D BY LOCAL REGISTRAR 11/13/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

VS.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11411

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 239

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Muirkirk
LENGTH OF STAY (in this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hopkins Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 234-5th Ave

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Everett (Last) Milbrook

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-24-1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Car inspector
10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Milbrook
14. MOTHER'S MAIDEN NAME: Nancy Lett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Emma M. Milbrook Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) DUE TO Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Cardiovascular renal disease (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/18/53
NAME OF CEMETERY OR CREMATORY Meadowridge Mem Park
LOCATION (City, town, or county) Darsey Maryland (State)

DATE REC'D BY LOCAL REG. Nov 18-53
REGISTRAR'S SIGNATURE M. Bissheau
24. FUNERAL DIRECTOR De Will Donaldson ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. [illegible] - 5 - 53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 32 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural give location) 4914 Sheridan Street

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) (Last) Mostyn

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 23 Dec.
9. AGE last birthday: 85 Yrs. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas McLain
14. MOTHER'S MAIDEN NAME: Unk.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Thomas M. Mostyn (Son) Same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma of Bladder C

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Metastasis.

DUE TO

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1940, to 11-27, 1953, that I last saw the deceased alive on 11-25, 1953, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Hyattsville Md

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 11/28.1953
NAME OF CEMETERY OR CREMATORY Ceder Hill Crematory
LOCATION (City, town, or county) (State) Suitland, Maryland
DATE REC'D BY LOCAL REGISTRAR Nov 28 1953
REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct image is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11413

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mowatt Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
STREET ADDRESS (If rural give location) Mowatt Lane

3. NAME OF DECEASED: (Type or Print) (First) ALEXANDER (Middle) (Last) MOWATT

4. DATE OF DEATH: (Month) Nov (Day) 18. (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH: May 18, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Construction Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Prescott Co
11. BIRTHPLACE (State or foreign country): scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mowatt
14. MOTHER'S MAIDEN NAME: Annie Patterson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Theodore A. Mowatt silver springs Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset And Death: 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Coronary Artery disease — ? years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1948, to 11/18, 1953, that I last saw the deceased alive on 11/17, 1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Louis Mendel M.D. ADDRESS College Park Md DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 21. 1953
NAME OF CEMETERY OR CREMATORY st. Johns
LOCATION (City, town, or county) (State) Beltsville Md

DATE REC'D BY LOCAL REGISTRAR Nov 20, 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR F. Gascha sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 23 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11234

Reg. Dist. No. 942

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Geo — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glassmanor
LENGTH OF STAY (in this place) 3 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 329-Maury Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glassmanor
STREET ADDRESS (If rural give location) 329 Maury Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) REGINA (Last) MULDOON

4. DATE OF DEATH: (Month) NOV. (Day) 16 (Year) 1953

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) MARRIED | 8. DATE OF BIRTH: 10/13/75 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Lynch

14. MOTHER'S MAIDEN NAME: Rose Duffy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: HENRIETTA - COLLER - 329 - MAURY Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 (a) Coronary artery disease

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

Interval Between Onset And Death: Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 53, to NOV 16, 19 53, that I last saw the deceased alive on NOV 16 19 53, and that death occurred at 9 00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward Dick Jr. M.D. ADDRESS 101 Sudley Cam DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/19/53 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Wash. | (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 11/17 | REGISTRAR'S SIGNATURE Howard de Becker mh | 24. FUNERAL DIRECTOR W. W. Chambers & Co. | ADDRESS 517-11th St. N.W. Wash. D.C.

S 3

NOV 24 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11415

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural give location) 11834 Valley Wood Drive

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Murphy

4. DATE OF DEATH: (Month) (Day) (Year) 16 Nov 1953

5. SEX: male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 15 Nov 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 1 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Joseph

14. MOTHER'S MAIDEN NAME: Lillian Gerry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

762.5 Immediate cause (a) ~~Bilateral cortical necrosis~~ Prematurity

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) atelectasis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1953, to Nov. 16, 1953, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John W. Perkins MD. 5301 Hamilton St. Hyattsville Md. 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/20/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince Geo Co., Md.

DATE REC'D BY LOCAL REGISTRAR 11/18/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR James T. Ryan
ADDRESS 3178 Pa. Ave. SE Wash 3, D.C.

20X3293291

VS.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1116

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly; LENGTH OF STAY (in this place) 14 Mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural give location) 4515 Buchanan St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Girl) (Last) Norris

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-11-53

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 1, Days 3; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cheverly, MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Audrey L. Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Audrey L. Norris – 4515 Buchanan St Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

757.2 Immediate cause (a) Post Operative Shock — Interval Between Onset And Death: 14 Hrs.

DUE TO

Antecedent causes (b) Imperforated Anus — From Birth

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c) Rectual Vaginal Fistula — From Birth

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1953 to Nov. 14, 1953, that I last saw the deceased alive on 11-14, 1953, and that death occurred at 10:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS 3303 Pennsylvania Ave, Mt. Rainier DATE SIGNED 11-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 17/53 NAME OF CEMETERY OR CREMATORY Wash. Nat'l Cemetery LOCATION (City, town, or county) (State) Suitland Rd – Prince Geo. Md

DATE REC'D BY LOCAL REGISTRAR 11/16/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co – Riverdale Md ADDRESS

VS.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11417

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6101 - C st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 6101 - C Street.

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) CASINGTON (Last) OLIVER.

4. DATE OF DEATH: (Month) November (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: September 19 1872

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: House

11. BIRTHPLACE (State or foreign country): Culpeper, Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Weedon Oliver

14. MOTHER'S MAIDEN NAME: Frances Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): nor

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Rigan - 6101 - C St, Capitol Hgts Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinoma of Colon — Interval Between Onset and Death: 14 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1939.

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of colon

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): nor

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: / (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1939, to Nov 29 1953; that I last saw the deceased alive on Nov 28, 1953; and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE: William Brannin (Degree or title) MD ADDRESS: 6124 Central Ave Capitol Hgts Md DATE SIGNED: 12/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 2, 1953 — NAME OF CEMETERY OR CREMATORY: National Memorial Park — LOCATION (City, town, or county) (State): Falls Church, Va.

DATE REC'D BY LOCAL REG.: Nov. 29, 53 — REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: J W McLeod Co — ADDRESS: Wash. D.C.

RECEIVED
DEC 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2317 — 1118

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly V — LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: V
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural give location): 1530 Rhode Island Ave., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Pace

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 13, 1880

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Gov't Printing Off

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Mann

14. MOTHER'S MAIDEN NAME: Margaret McMahon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Virginia Howard 1530-R.I. Ave, N.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Cerebro-vascular accident — 1½ days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease & fibrillation — 4 years
DUE TO (c) + presumably embolic phenomenon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct, 1953, to 12 Nov, 1953, that I last saw the deceased alive on 12 Nov, 1953, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leon R Gallin M.D. 3827-34th St. Mt Rainier Md 13 Nov '53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-16-1953 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Rd. Md. Pr. Geo

DATE REC'D BY LOCAL REGISTRAR: 11/18/53 — REGISTRAR'S SIGNATURE: Amanda Lowney

24. FUNERAL DIRECTOR: Nalley's Funeral Home — ADDRESS: 3200 R.I. Ave: Mt. Rainier, Md

VS.

RECEIVED
NOV
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11419

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The medical certification is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY PR Geo — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hyattsville, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANDY (Middle) — (Last) PARYS

4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: Apr 15 1878 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: FRANCESCO PAGLIARI
14. MOTHER'S MAIDEN NAME: LUIGA COTTINNI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 579-07-0813
17. INFORMANT AND ADDRESS: Abraham Parys 10-Wash. Ave Lanham Park. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteris - sclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to Nov, 1953, that I last saw the deceased alive on Nov 13, 1953, and that death occurred at 5-15 p.m., from the causes and on the date stated above.

SIGNATURE: M. Elaine (Degree or title) M.D. ADDRESS: College Park, Md DATE SIGNED: 11-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-27-1953 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln | LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR AND ADDRESS: Nalley's Funeral Home 3200-R. I. Ave. Mt. Rainier Md.

VS-A15

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11420

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Geo — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8128 14th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 8128 14th Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) EDWARD (Last) PAYNE (SR.)

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WID.

8. DATE OF BIRTH: 8/23/83

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED STEREOTYPER.

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JAMES F. PAYNE

14. MOTHER'S MAIDEN NAME: CECELIA MULDOON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 578-09-8871

17. INFORMANT AND ADDRESS: Daughter - Mrs. Mary T. Newman - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of esophagus with generalized metastases — Interval between onset and death: 6 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/18/53

19b. MAJOR FINDINGS OF OPERATION: Same.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) —

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 13, 1953, to Nov 11, 1953, that I last saw the deceased alive on Nov 10, 1953, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William F. Simpson Jr MD — ADDRESS: 6216 New Hamp. Ave N.E. — DATE SIGNED: 11/11/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: Nov. 14, 1953 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town or county): Wash. D.C. — (State)

DATE REC'D BY LOCAL REG.: Nov 11, 1953 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: W W Wallace — ADDRESS: 3619-14 Wash DC

REC
NOV
BUREAU V. S.

1121
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS George Palmer Highway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3217 7th Street N. W.

3. NAME OF DECEASED: (Type or Print) (First) Rex (Middle) William F (Last) Pultz

4. DATE OF DEATH (Month) (Day) (Year) November 20 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 7, 1932
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Line
10b. KIND OF BUSINESS OR INDUSTRY: Rc Pigeon Const Co.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur D. Pultz
14. MOTHER'S MAIDEN NAME: Bertha M. Mayse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edward Pultz, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 914.3

Immediate cause (a) Shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Due to contact with high voltage electric current
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**
21b. PLACE (Home, farm, factory, street, office bldg., etc.) **OF INJURY** Street
21c. (City or town) Seat Pleasant (County) P. G. (State) Md.

21d. TIME OF INJURY (Month) 11 (Day) 20 (Year) 53 (Hour) 2:00 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Touched and grounded a high tension electric wire

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Ford
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF Nov 21, 1953
NAME OF CEMETERY OR CREMATORY Swaynesboro
LOCATION (City, town, or county) Virginia (State)

DATE REC'D BY LOCAL REG. Nov. 20 1953
REGISTRAR'S SIGNATURE Mrs. Jas. Devere Kilpatrick
Carrie F. Campbell
24. FUNERAL DIRECTOR F. Gasch's Sons
ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-A-5-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11422

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntsville, Maryland
STREET ADDRESS (If rural give location) Box 64 - Sheriff Road

3. NAME OF DECEASED: (Type or Print) (First) Ignatius (Middle) (Last) Queen
4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 1953

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept. 6, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Pr. Geo. Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ignatius Queen
14. MOTHER'S MAIDEN NAME: Virginia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

321 X
Immediate cause (a) CEREBRAL HEMORRHAGE (LEFT INT. CAPSULE)
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CEREBRAL ARTERIOSCLEROSIS
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 2:15 P.m. from the causes and on the date stated above.

SIGNATURE Henry B. Wolfe (Degree or title) M.D. ADDRESS 5603 Chillum Heights Drive DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-30-1953 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Nov. 30-50 REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Henry S. Washington ADDRESS 467 N. St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 125

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11423

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Beltsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Beltsville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) Maude (Last) Raley

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Dec. 12, 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginie

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James McConchie

14. MOTHER'S MAIDEN NAME: Lilia Scott Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: — —

17. INFORMANT & ADDRESS: Alberta Richards, 2626 Kirkwood Pl. West Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebrovascular Accident	8 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertensive cardiovascular disease	unknown
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis (advanced) — 10 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11-15, 1953, to 11-25-53, 1953, that I last saw the deceased alive on 11-25, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Guy N. McConnell M.D.	Beltsville, Md.	11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: December 1-1953

NAME OF CEMETERY OR CREMATORY: National Arlington Cemetery

LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REGISTRAR: Nov 28-1953

REGISTRAR'S SIGNATURE: John D Smith

24. FUNERAL DIRECTOR: The A.H. Heurich Co.

ADDRESS: 2901-14th St. N.W. Washington, D.C.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11124

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly; LENGTH OF STAY (in this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover; STREET ADDRESS (If rural give location) R#1. Box 71.

3. NAME OF DECEASED: (First) Sylvester (Middle) Ramsey (Last) Jr.

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 11-25-1914

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Landscape worker.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norfolk, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sylvester Ramsey

14. MOTHER'S MAIDEN NAME: Elizabeth Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS: Lillian Ramsey R#1 Box 71 Landover, Md. (Wife)

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
540.0 Immediate cause	(a) Generalized Peritonitis	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Massive Gastro intestinal hemorrhage	3 days
	DUE TO (c) Multiple Gastric ulcers	??
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Subtotal Gastrectomy	1 day

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw the deceased alive on 11-4, 1953, and that death occurred at 8:25 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William B. Hagan, M.D. 3303 Perry St. Mt. Rainier, Md. H 11-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial Nov. 7th 1953 Mt. Olivet Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

11/5/53 Amanda Downey W.W. Chambers Co. 517-11th St. SE Wash., D.C.

VS. 1

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11125

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Glenn Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 17 Glenn Street

3. NAME OF DECEASED (Type or Print) (First) Jeryl (Middle) Lynn (Last) Ridgeway

4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11/25/49
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harold E. Ridgeway
14. MOTHER'S MAIDEN NAME Harriet Alice Lynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Father Same as #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9210

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Place of death
(CITY OR TOWN) Suitland (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 11 (Day) 7 (Year) 53 (Hour) 4:30 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell in defectively covered well

22. *I certify that I took charge of the remains described above, held an Autopsy ☑ Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE James S. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 11-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/11/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Nov. 9. 1953
REGISTRAR'S SIGNATURE Carrie J. Campbell
24. FUNERAL DIRECTOR W.W. Chambers Co ADDRESS 517-11th St. S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1126

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 16 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 20
STREET ADDRESS (If rural, give location) 6701-Ritchie Road S.E.

3. NAME OF DECEASED: (Type or Print) John (First) Seth (Middle) Ritchie (Last)

4. DATE OF DEATH (Month) Nov. (Day) 9 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	S.	2-13-79	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mortician	Self-Employed	Maryland	U.S.A.

13. FATHER'S NAME: John Suit Ritchie

14. MOTHER'S MAIDEN NAME: Georgia A. Sweeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.		Hospital records Aubrey T. Ritchie & Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiovascular renal disease	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney M.D. Deputy Med Exam M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/12/53	Epiphany Episcopal	Forestville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/13/53	Amanda [illegible]	Ritchie Brothers	Upper Marlboro, Md.

VS. A-5A - 5 - 53

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NOV 16 1
IREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11427

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oak Crest
STREET ADDRESS (If rural give location) R.F.D. #2 Box 172A (Laurel Md)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Albert Rose
4. DATE OF DEATH: (Month) (Day) (Year) 11-18 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Never Married
8. DATE OF BIRTH: June 6/1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Hospital Attendant
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Soldiers Home
11. BIRTHPLACE (State or foreign country): Wash-D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob F. Rose
14. MOTHER'S MAIDEN NAME: Sarah Payne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: 578-14-6770
17. INFORMANT & ADDRESS: Minnie Boswell - 203 - Wilson St. Laurel Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral Hemorrhage. 3 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rt Hemiplegia. 3 mo.

DUE TO

(c) General arteriosclerosis 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1953 to Nov 18, 1953 that I last saw the deceased alive on Nov 17, 1953 and that death occurred at 5:35 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin M D
ADDRESS Riverdale Md
DATE SIGNED 11-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 21/53
NAME OF CEMETERY OR CREMATORY Glenwood Cem.
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR November 20th 1953
REGISTRAR'S SIGNATURE Mrs Jas. Severe Deputy Local
24. FUNERAL DIRECTOR W-W Chambers Co - 517-11th St. SE. Wash. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
NOV 25
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 128

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HYATTSVILLE SANITARIUM 5801 -42nd AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEWISDALE
STREET ADDRESS (If rural give location) 6905-20th AVE.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) J (Last) ROSSON

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1953.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 4, 1863
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ill
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm J Rosson
14. MOTHER'S MAIDEN NAME: ? Alexander

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs F S Chaffell 6905-20th Ave Lewisdale Hyatt Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 6 weeks

4341 Immediate cause (a) Cardiac failure
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ageing factor

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/14 1953, to 11/22, 1953, that I last saw the deceased alive on 11/11, 1953, and that death occurred at 11/22/53 2:39am, from the causes and on the date stated above.

SIGNATURE Seoane Elchfield (Degree or title) M.D. ADDRESS 6826 Peggy Rd DATE SIGNED 11/22/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-24-53
NAME OF CEMETERY OR CREMATORY Grace Sand Cem
LOCATION (City, town, or county) (State) Iowa

DATE REC'D BY LOCAL REGISTRAR Nov 22 1953
REGISTRAR'S SIGNATURE James Devers
24. FUNERAL DIRECTOR The S H Stines Co. ADDRESS 2901-14th St N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
OCT 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1129

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ans is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Springfield
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS --

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Springfield Md
STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED (Type or Print): (First) Ephraim (Middle) Sylvester (Last) Schafer

4. DATE OF DEATH: (Month) Nov (Day) 1, (Year) 1953. 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct 18, 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John S. Schafer

14. MOTHER'S MAIDEN NAME: Sarah Ridley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO.

17. INFORMANT: Cora E Schafer Springfield Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (1544)	(a) Asthma	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis	Approx few months
	(c) Carcinoma of Rectum	Known 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -

(CITY OR TOWN) - (COUNTY) - (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. -

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952, to Nov. 1, 1953, that I last saw the deceased alive on Oct 31, 1953, and that death occurred at 3.25 A.m., from the causes and on the date stated above.

SIGNATURE H. James Kurtz (Degree or title) M D ADDRESS Glenndale RFD Bowie Md DATE SIGNED 11/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov 3, 1953

NAME OF CEMETERY OR CREMATORY: Perkins Chapel Cemetery

LOCATION (City, town, or county) (State): Springfield Maryland

DATE REC'D BY LOCAL REG. Nov. 2, 1953

REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling

24. FUNERAL DIRECTOR: F. Gasch's Sons ADDRESS Hyattsville Md.

RECEIVED
NOV 5 1953
BUREAU V. S.

Film #G159 Item # 8,9, 11/30/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 289

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 9 Philip Powers Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey — COUNTY Cape May
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coldspring
STREET ADDRESS (If rural, give location) Cape May R F D

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	Elizabeth	Leach	Nov	17	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	widowed	May 27 1891	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Rio Grande, New Jersey	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Andrew H. Hawn	Anna Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	Walter A. Leach Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute Coronary Occlusion	30 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO	(b) Coronary Artery Heart Disease	3-4 yrs.
DUE TO	(c) Hypertension	3-4 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None.	None	None		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
NONE M.	NONE	NONE

22. I hereby certify that I attended the deceased from 11/1/53, 1953, to 11/17/53, 1953, that I last saw the deceased alive on 11/17/53, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
R. L. Erickson	M.D.	Laurel, Maryland	11/17/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/20/53	Coldspring Cemetery	Coldspring	N. J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 18-53	M. Buskeare	Meredith Randolph	Laurel, Md

VS-A15 8-51

OCT 28 1933

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is clearly important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6791 Oxon Hill Rd S.E

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Ft. Foote
STREET ADDRESS (If rural, give location): 6791 Oxon Hill Rd S.E

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Horatio (Last) Shannon

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3 Sept. 1879

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): San Francisco, Calif

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Horatio Shannon

14. MOTHER'S MAIDEN NAME: Helen Georgiana Talburtt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hattie Shannon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Acute Cardiac Decompensation — Interval Between Onset and Death: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterio - Sclerotic Heart Disease — 3 yrs.
(c) Hypertension — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2/, 1953, to 10/27, 1953, that I last saw the deceased alive on 10/27, 1953, and that death occurred at 11:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Anna Coyne Todd 7519 Broadview Rd S.E 11/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-6-53 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Wash., D.C.

DATE REC'D BY LOCAL REG.: Nov. 3-1953 — REGISTRAR'S SIGNATURE: Howard F Beard

24. FUNERAL DIRECTOR: James T. Ryan, Inc. — ADDRESS: 517 Pa. Ave., S. E.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11432

Reg. Dist. No. 345

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
LENGTH OF STAY (in this place) 7 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HYATTSVILLE CONV. HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural give location) 1601 - 44th St N.W.

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) LOUISE (Last) SMITH

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: Feby 27 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months, Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Hysan
14. MOTHER'S MAIDEN NAME: Josephine Gingle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: NURSING HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) CVA & Inanition	2 ds.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) C.V.A. from Arteriosclerotic H.D.	8 yr.
	DUE TO (c) Arteriosclerotic Heart Disease	Unk.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3, 1953, to 11/18, 1953, that I last saw the deceased alive on 11/16, 1953, and that death occurred at 12:20 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon W. Kelley, MD
ADDRESS 6124 - 41st Ave. Hyatts, Md
DATE SIGNED 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
DATE THEREOF 11-18-1953
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REGISTRAR Nov. 18" 1953
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901 - 14th St N.W. WASHINGTON D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11433

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 2

1. PLACE OF DEATH:
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale.
STREET ADDRESS (If rural give location) 02X-2

3. NAME OF DECEASED: (Type or Print) (First) Dorsey (Middle) H (Last) Stearlings

4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	married	Nov 7 1898	55 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Carpenter	Maryland Cal. Co.	

13. FATHER'S NAME: Charles Stearlings

14. MOTHER'S MAIDEN NAME: Edith Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	218-14-2142	Mrs. Doris S. Phipps, Deale, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
578X Immediate cause	(a) Renal Shutdown	36 hr
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Uremia	42 hrs
DUE TO		
	(c) Perforation of jejunum Etiology Undet	42 hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED White at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1953, to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. M. Passen M.D.	Upper Marlboro Md	17 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 19, 1953	Woodfields	Fidelesville Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/19/53	Amanda Sweeney	Hardesty Funeral Home	Fidelesville, Md.

Burial Permit issued by John F. Danner, Registrar
Nov. 17, 1953 Upper Marlboro Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

1. PLACE OF DEATH: County: Prince Georges
City or town: Fairmount Heights (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs.
Hospital, institution, or street address where death occurred: 904 - 60th Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Fairmount Heights (If outside city or town limits, write RURAL and give nearest town)
Street No.: 904 - 60th Ave. (If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Carrie Stewart alias Stuart
3. (b) Social Security Number: 709-12-8470

4. Sex: Female
5. Color or race: Negro
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Percy Stewart alias Stuart
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept. 20, 1889
8. AGE: Years: 64 Months: Days: If less than one day: hrs. min.
9. Birthplace: Upper Marlboro, Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Robert Burgess
13. Birthplace: Upper Marlboro, Md.
14. Maiden name: Georgianna Pinkney
15. Birthplace: Upper Marlboro, Md.
16. Informant: Mrs. Anna Wallace
Address: 6112 - Jost St.
17. Removal (Burial, cremation, or removal. Which?) Date thereof: 11-9-53 (month) (day) (year)
Cemetery or crematory:
Location: Washington, D.C.
18. Funeral director: H.S. Washington & Sons
Address: 467 N St. N.W. Wash. 1, D.C.
19. Nov. 9 1953 (Dat. rec'd by registrar) Carrie J. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8 1953 at 7:P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 12 1953 to Nov. 8 1953
and that I last saw h[illegible] alive on Nov. 6 1953

Immediate cause of death	DURATION
Congestive H.T. Failure	
Hypertensive Cardio -	
Due to Vascular Disease	
Due to 4437	
Other conditions Chronic leg Ulcer -	
General Debility (Include pregnancy within 3 months of death)	

Major findings of operation: Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: 1001 Eastern Ave. NE Date signed 11-8-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 9-45-15M

RECEIVED
NOV 13 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capitol Heights
LENGTH OF STAY (in this place): 48 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6106 - D Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland, COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capitol Heights
STREET ADDRESS (If rural, give location): 6106 - D Street

3. NAME OF DECEASED (Type or Print): (First) Julius (Middle) CARL (Last) STOMMEL

4. DATE OF DEATH: (Month) November (Day) 14 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: October 4, 1873

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist

10b. KIND OF BUSINESS OR INDUSTRY: Railroad.

11. BIRTHPLACE (State or foreign country): Orange, New Jersey

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Julius Carl Ferdinand Stommel

14. MOTHER'S MAIDEN NAME: Gretchen Pluntmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Rose Seydoder 2290 Woodley Pl. Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 10 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1943, to Nov. 14, 1953, that I last saw the deceased alive on Nov. 14, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brainin	MD	6104 Central Ave Capitol Hgts Md.	11/14/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-18-1953	Fort Lincoln	Colmar Manor, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 15, 53	Carrie F. Campbell	Gillum Lee & Son	Wash. D. C.

BUREAU V. S.

11436
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 42

3419

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hts; LENGTH OF STAY (in this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS 617-61st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fairmount Heights; STREET ADDRESS (If rural, give location) 617-61st Ave

3. NAME OF DECEASED: (Type or Print) (First) Basil (Middle) Fisher (Last) Storied

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 16 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General Laboring

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Storied

14. MOTHER'S MAIDEN NAME: Sarah Bowie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes World War I & II

16. SOCIAL SECURITY No.: 577-13-6815

17. INFORMANT & ADDRESS: William Harrison - 1014-K St N.E. Wash DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 322.1 Esophogical hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rupture of esophogical varices — DUE TO (c) Chr. alcoholic.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-20-53

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 11-17-53

REGISTRAR'S SIGNATURE Miranda Feeney Carrie F. Camphell

24. FUNERAL DIRECTOR W. Ernest Jarvis & Co.

ADDRESS 1432 U St. N.W. Washington, D.C.

VS. A-5A - 5 - 53

NOV 21 '03
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11437

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 3804 - 32nd Street

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) JAMES (Last) Tate

4. DATE OF DEATH: (Month) 12 (Day) Nov (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-28-1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, Service Station Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Kentland Esso Service
11. BIRTHPLACE (State or foreign country): East Stone Gap, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Denny B. Tate
14. MOTHER'S MAIDEN NAME: Laura Stewart Gilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Edith Tate - 3804 - 32nd St Mt. Rainier Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

		Interval Between Onset And Death
Immediate cause	(a) Coronary Sclerosis	4 days
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Acute Coronary Insufficiency	4 days
	DUE TO (c) Myocardial Infarction	36 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1953, to Nov 12, 1953, that I last saw the deceased alive on Nov 11, 1953, and that death occurred at 6:10 AM, from the causes and on the date stated above.

SIGNATURE Benjamin S. Miller (Degree or title) M.D. ADDRESS Mt. Rainier Md DATE SIGNED Nov 12 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/12/53
NAME OF CEMETERY OR CREMATORY Unknown
LOCATION (City, town, or county) (State) East Stone Gap Va.
DATE REC'D BY LOCAL REGISTRAR 11/12/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
NOV 16 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11138

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY PR Geo. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Seat Pleasant | LENGTH OF STAY (in this place) 26 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 69th STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND. COUNTY PR Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SEAT PLEASENT MD
STREET ADDRESS (If rural give location) 500 - 69 STREET

3. NAME OF DECEASED: (First) MARY (Middle) LUCY (Last) TAYLOR (RAY)
4. DATE OF DEATH: (Month) NOV (Day) 13 (Year) 1953
5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH: APRIL 16 1880 | 9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): MADISON Co VA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSHUA WALDON
14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No: NONE
17. INFORMANT & ADDRESS: HORACE S TAYLOR.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Coronary Occlusion	Hrs of 28
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	Several years
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/31/53
19b. MAJOR FINDINGS OF OPERATION Cholecystitis and Cholelithiasis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1953, to 11/12, 1953, that I last saw the deceased alive on 11/12, 1953, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) John J. Finnegan, M.D. ADDRESS 1746 - K St. N.W. DATE SIGNED 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 11/16/53 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 16-53 | REGISTRAR'S SIGNATURE Carrie L. Campbell
24. FUNERAL DIRECTOR W Chambers Co ADDRESS 517-11th St SE Wash. D.C.

VS. A15

RECEIVED
NOV 18 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11439

Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: None — COUNTY: None
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.
STREET ADDRESS (If rural, give location): 5607 N Street S. E.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ALICE (Last) WADE

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 11, 1868

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife -Ret.

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Rose

14. MOTHER'S MAIDEN NAME: Kazar Ann Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Minnie Carter - Dtr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Uremia	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension and chronic arteriosclerosis	unknown
	(c)	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 19 52, to Nov 19, 19 53, that I last saw the deceased alive on Nov 19, 19 53, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE: Henry G. Hadley (Degree or title) M.D. — ADDRESS: 1252 6th Street S.W. Wash., D.C. — DATE SIGNED: 11/19/53

23. BURIAL, CREMATION (Specify): Burial — DATE THEREOF: Nov. 21, 1953 — NAME OF CEMETERY OR CREMATORY: Epiphany Church Cemetery — LOCATION (City, town, or county) (State): Forestville, Md.

DATE REC'D BY LOCAL REG.: Nov 20 1953 — REGISTRAR'S SIGNATURE: James Devery

21. FUNERAL DIRECTOR: W.W. CHAMBERS CO. — ADDRESS: 517 11th St. S.E., Wash., D.C.

NOV 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 2 yr. 3 mos. 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CORA (Middle) B. (Last) WELLS
4. DATE OF DEATH (Month) 11 (Day) 2 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH August 1863
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Sigurd N. Hersloff, Oxford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

Immediate cause (a) Chronic Myocarditis — Several Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostatic Congestion - Lungs — 9 Days

(c) General Arteriosclerosis — Many Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Deterioration — 2 Years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1951, to 11-2, 1953, that I last saw the deceased alive on 11-2, 1953, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE James P. Lands (Degree or title) M.D. ADDRESS Laurel Sanitarium, Laurel, Md. DATE SIGNED 11-2-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 5, 1953
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Beltsville, Md

DATE REC'D BY LOCAL REG. Nov 3 - 1953
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 5 1
BUREAU V. S.

11441

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Pr. Geo's. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nottingham — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nottingham
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Frances	(Last) Windsor	4. DATE OF DEATH	(Month) Nov (Day) 29 (Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 2, 1871	9. AGE last birthday 82 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HsWf.	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U/S/A.		
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Mary F. (nee Canter)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -	16. SOCIAL SECURITY No. ----	17. INFORMANT Albert G. Windsor Naylor, Maryland.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
447X Immediate cause	(a) Arteriosclerosis, generalized severe	20 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension, chr pyelonephritis	8 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to 29 Nov, 1953, that I last saw the deceased alive on 28 Nov, 1953, and that death occurred at 5 00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
K B Tassier	M D	Upper Marlboro, Md	29 Nov 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/2/53	St. Peter's Catholic	Waldorf, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 3/1953	F H Billingsley	Ritchie Bros.	Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 7
BUREAU V. S.

11442

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hyattsville — LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2109 Ingraham St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4845 - Queens Chapel Terrace, N.E.

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Lawton (Last) Wintermoyer

4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 19, 1913

9. AGE last birthday: 40 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Pepco

11. BIRTHPLACE (State or foreign country): W. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Wintermoyer

14. MOTHER'S MAIDEN NAME: Maud Faulton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): World War II yes o Korea

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Roberta M. Wintermoyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) DUE TO: Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO: Coronary occlusion

(c) Coronary sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-20-53

NAME OF CEMETERY OR CREMATORY Cedar Hill Cem

LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. Nov 16 1953

REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR ADDRESS The S. H. Hines Co. 2901-14th St N.W. Washington D.C.

VS. A15A - 5 - 53

BUREAU V. S.

11443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston — LENGTH OF STAY (in this place) 4 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4812 — 52nd Ave.	STREET ADDRESS (If rural give location) 4812 52nd Ave.

3. NAME OF DECEASED (Type or Print)	(First) PATRICIA	(Middle) LYNN	(Last) WORLEY	4. DATE OF DEATH	(Month) Nov.	(Day) 28	(Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 7/21/53	9. AGE last birthday — yrs.	If under 1 year Months 4	Days 7	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Md.			12. CITIZEN OF WHAT COUNTRY? Md.	
13. FATHER'S NAME Clarence R. Worley			14. MOTHER'S MAIDEN NAME Marian Rector				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service) —	16. SOCIAL SECURITY No. —	17. INFORMANT Mrs. Marian Worley (mother)				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
751X Immediate cause	(a) Rupture of myelomeningocoele	3 days
Antecedent cause(s)		4 mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myelomeningocoele, thoracico-lumbar	(Congenital)
	(c) Spina bifida, thoracico-lumbar	4 mos. (Congenital)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/21/53, 19..., to 11/28, 1953, that I last saw the deceased alive on 11/23, 1953, and that death occurred at 12 20/p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Julius Kauffman, M.D.		5102 Annapolis Road, Bladensburg, Md.	11/28/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Nov 30, 1953	NAME OF CEMETERY OR CREMATORY Lt Lincoln	LOCATION (City, town, or county) Colmar Manor, Md. (State)
DATE REC'D BY LOCAL REG. Nov 29 1953	REGISTRAR'S SIGNATURE James Devers	24. FUNERAL DIRECTOR F Gasch's sons Hyattsville Md.	ADDRESS

2073243404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15

REGISTERED
BUREAU V. S.

11444

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riverdale
LENGTH OF STAY (In this place) 18 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 407 - Washington Blvd

3. NAME OF DECEASED: (Type or Print) (First) Larry (Middle) Vernon (Last) Wright
4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	7-25-1948	5 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vernon Dyson Wright
14. MOTHER'S MAIDEN NAME: Virginia Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mother - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
916.0 Immediate cause	(a) Pulmonary edema	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) 2nd & 3rd degree burns of body	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home
21c. (City or town) Laurel (County) Pr. Geo (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-16-53 1.15 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? While playing w. matches, clothing caught fire.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
M. D. ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-17-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 19 1953	Ivy Hill	Laurel	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 19 - 53	James Dewey	W.R. Selby	401 Washington Laurel Md

VS. A-15A - 5 - 53

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 215

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 6001- 36th Ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Francis (Last) Yater

4. DATE OF DEATH (Month) 11- (Day) 22 (Year) 1953

5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 14, 1951
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Harmon Yater
14. MOTHER'S MAIDEN NAME: Jeannette J. Bliss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: — —
17. INFORMANT & ADDRESS: Father - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

491X Immediate cause (a) Acute congestive heart failure DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Broncho pneumonia DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-22-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 25, 1953
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. Nov 23, 1953
REGISTRAR'S SIGNATURE James Severs
24. FUNERAL DIRECTOR F Gasch's sons
ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-5-53

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NOV 25 1953
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